
State: Illinois **Filing Company:** The Medical Protective Company
TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations
Product Name: MedPro Provider Solutions, Inc. - Multi-Specialty Healthcare Professionals Program
Project Name/Number: RPG Master Policy/13-MASTERPL-02

Filing at a Glance

Company: The Medical Protective Company
Product Name: MedPro Provider Solutions, Inc. - Multi-Specialty Healthcare Professionals Program
State: Illinois
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence
Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations
Filing Type: Rate/Rule
Date Submitted: 11/01/2013
SERFF Tr Num: MDPC-129274672
SERFF Status: Closed-Filed
State Tr Num: MDPC-129274672
State Status:
Co Tr Num: 13-MASTERPL-02

Effective Date: 01/01/2014
Requested (New):
Effective Date: 01/01/2014
Requested (Renewal):
Author(s): Melissa Millican, Christopher Cole, Kendra Clark
Reviewer(s): Gayle Neuman (primary), Julie Rachford
Disposition Date: 01/07/2014
Disposition Status: Filed
Effective Date (New): 01/01/2014
Effective Date (Renewal): 01/01/2014

State Filing Description:
Routed 11/20/13

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General Information

Project Name: RPG Master Policy Status of Filing in Domicile: Pending
Project Number: 13-MASTERPL-02 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 01/07/2014
State Status Changed: Deemer Date:
Created By: Christopher Cole Submitted By: Christopher Cole
Corresponding Filing Tracking Number: 13-MASTERPL-01

Filing Description:

The Medical Protective Company (MedPro) hereby submits for your review and approval the Multi-Specialty Healthcare Professionals Program rates and rules for MedPro Provider Solutions, Inc. (MPS).

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
5814 Reed Road 260-486-0838 [Phone]
Fort Wayne, IN 46835 260-486-0733 [FAX]

Filing Company Information

The Medical Protective Company	CoCode: 11843	State of Domicile: Indiana
5814 Reed Road	Group Code:	Company Type:
Fort Wayne, IN 46835	Group Name:	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 35-0506406	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	MedPro Provider Solutions, Inc. - Multi-Specialty Healthcare Professionals Program		
Project Name/Number:	RPG Master Policy/13-MASTERPL-02		

Refer to our checklists prior to submitting filing (http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp): acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a - rate/rule filing

State:	Illinois	Filing Company:	The Medical Protective Company
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Rate Information

Rate data applies to filing.

Filing Method:	use and file
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	n/a - this is the initial filing for a new product.

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:	MDPC-129274672	State Tracking #:	MDPC-129274672	Company Tracking #:	13-MASTERPL-02
State:	Illinois	Filing Company:	The Medical Protective Company		
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Rate/Rule Schedule

SERFF Tracking #:

MDPC-129274672

State Tracking #:

MDPC-129274672

Company Tracking #:

13-MASTERPL-02

State: Illinois

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: MedPro Provider Solutions, Inc. - Multi-Specialty Healthcare Professionals Program

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Filing Company: The Medical Protective Company

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		MPS General Manual - Section I - Nurse Practitioners	GM-CW-I-(1-13); 08/15/13	New		MPS General Manual - Section I - Nurse Practitioners.pdf
2		MPS General Manual - Section II - Physician Assistants	GM-CW-II-(1-14); 08/15/13	New		MPS General Manual - Section II - Physician Assistants.pdf
3		MPS General Manual - Section III - CRNA	GM-CW-III-(1-15); 08/15/13	New		MPS General Manual - Section III - CRNA.pdf
4		MPS General Manual - Section IV - Chiropractors	GM-CW-IV-(1-14); 08/15/13	New		MPS General Manual - Section IV - Chiropractors.pdf
5		MPS General Manual - Section V - Optometrists	GM-CW-V-(1-13); 08/15/13	New		MPS General Manual - Section V - Optometrists.pdf
6		MPS General Manual - Section VI - Podiatrists	GM-CW-VI-(1-13); 08/15/13	New		MPS General Manual - Section VI - Podiatrists.pdf
7		MPS General Manual - Section VII - All Others	GM-CW-VII-(1-12); 08/15/13	New		MPS General Manual - Section VII - All Others.pdf
8		MPS General Manual - Section IX - College	GM-CW-IX-(1-4); 08/15/13	New		MPS General Manual - Section IX - College.pdf
9		MPS State Rate Pages - Section I - Nurse Practitioners	SR-IL-I-(1-21); 08/15/13	New		IL State Rate Pages Section I - NP.pdf
10		MPS State Rate Pages - Section II - Physician Assistants	SR-IL-II-(1-18); 08/15/13	New		IL State Rate Pages Section II - PA.pdf
11		MPS State Rate Pages - Section III - CRNA	SR-IL-III-(1-21); 08/15/13	New		IL State Rate Pages Section III - CRNA.pdf
12		MPS State Rate Pages - Section IV - Chiropractors	SR-IL-IV-(1-20); 08/15/13	New		IL State Rate Pages Section IV - Chiro.pdf
13		MPS State Rate Pages - Section V - Optometrists	SR-IL-V-(1-20); 08/15/13	New		IL State Rate Pages Section V - Opto.pdf
14		MPS State Rate Pages - Section VI - Podiatrists	SR-IL-VI-(1-18); 08/15/13	New		IL State Rate Pages Section VI - Pod.pdf
15		MPS State Rate Pages - Section VII - All Others	SR-IL-VII-(1-48); 08/15/13	New		IL State Rate Pages Section VII - AllOthers.pdf
16		MPS Ste Rate Pages - Section IX - College	SR-IL-IX-(1-23); 08/15/13	New		IL State Rate Pages Section IX - School.pdf

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Nurse Practitioners, as identified in the Class Plan contained within the Section I State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Nurse Practitioner, shown on the State Rate Pages, in accordance with each Nurse Practitioner's classification and class plan designation in effect, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied.
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Aggregate Credit Rule

The application of all approved credits contained in this section of the rating manual shall not exceed the amount identified in the State Rate Pages. This rule does not apply to Deductible, Leave of Absence, Membership Association, Military Leave of Absence, or Risk Management Credits.

Please refer to the State Rate Pages for availability.

E. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.

2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. No other modifications are to apply concurrent with this rule with the exception of Membership Association, Risk Management and Schedule Rating modifications. New Graduate Coverage Insureds are not eligible for this rating plan/ program.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

F. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

G. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

H. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for New to Practice, New Graduate Coverage Rating and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

I. Group Rating Rule

Any group practice consisting of two or more healthcare professionals may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

J. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the Leave of Absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.

- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

K. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

L. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

M. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

N. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

O. Minimum Premium Rating Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

P. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

Please refer to the State Rate Pages for availability and associated credit(s).

Q. New Graduate Coverage Rating Plan

A Healthcare Professional in their first five years of practice may be eligible for Claims Made coverage at a reduced premium. The premium will be determined by the otherwise applicable classification of the Healthcare Professional (as identified in the respective State Rate Pages) and the number of years the insured has been in practice after graduation.

In addition, insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage when the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of five annual Claims Made policies.
2. Achieve five years of continuous Claims Made coverage under this plan with no claims* attributed to the insured in their last three policy years.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Only Military Leave of Absence, Leave of Absence, credits and Schedule Rating credits or debits can apply in conjunction with this rating rule.

Please refer to the State Rate Pages for availability and associated premium charge.

R. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.

4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate, subject to applicable credits and/or debits pursuant to underwriting guidelines.

S. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

T. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

U. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policyholder(s) constant, subject to underwriting approval. However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

V. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

W. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

X. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

Y. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

Z. Slot Rating Rule

Coverage for multi-healthcare professional groups is available, at the Company's option, on a slot basis rather than on an individual healthcare professional basis. The slot endorsement will identify the individuals and practice settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2,080 hours or less per annual policy term.

The applicable manual rate will be determined utilizing the retroactive date, classification, limits and territory of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for New to Practice, New Graduate Coverage Rating or Risk Management credits cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

AA. Supervising Physician Rating Rule

Supervising Physician Coverage may be added to a healthcare professional's policy for an additional premium charge. The premium charge will be based upon the number of hours the physician supervises the scheduled healthcare professional.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

VI. CLASSIFICATIONS

A. Nurse Practitioners

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Physician Assistants, as identified in the Class Plan contained within the Section II State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Physician Assistants, shown on the State Rate Pages, in accordance with each Physician Assistants classification and class plan designation, using the rules, rates and rating plans in effect, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied.
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Aggregate Credit Rule

The application of all approved credits contained in this section of the rating manual shall not exceed the amount identified in the State Rate Pages. This rule does not apply to Deductible, Leave of Absence, Membership Association, Military Leave of Absence, Part Time Practice or Risk Management Credits.

Please refer to the State Rate Pages for availability.

E. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.

2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. No other modifications are to apply concurrent with this rule with the exception of Membership Association, Part Time Practice, Risk Management and Schedule Rating modifications. New Graduate Insureds are not eligible for this rating plan/ program.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

F. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

G. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

H. Employed Physician Assistant Rating Rule

Healthcare Professionals seeking limited coverage specific to performing professional services while acting within the scope of the healthcare professional's employment with an employer, shall be eligible for a discount of the healthcare professional's otherwise applicable rate.

No other credits or debits can apply with this rating plan. Please refer to the State Rate Pages for availability, limit of liability and applicable credit.

I. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Part Time Practice, New Graduate Coverage Rating, New to Practice and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

J. Group Rating Rule

Any group practice consisting of two or more healthcare professionals may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A

Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

K. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the Leave of Absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.
- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

L. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

M. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

N. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

O. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

P. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

Q. Moonlighting Rating Rule

Any Healthcare Professional who requests coverage for moonlighting activities, while working full time at a practice excluded by the Company, and averages less than 500 hours during the term of an annual policy for such moonlighting activities, will be considered a moonlighting practitioner and classified in accordance with the class plan within the State Rate Pages. The premium shall be fully earned at the inception date of the policy.

To qualify, the moonlighting practitioner must be claim free for a minimum of the preceding five years. Part time or New Graduate Coverage applicants or insureds are not eligible for moonlighting coverage.

For Claims Made policies, upon termination of the moonlighting policy, except due to non-payment of premium, the Company will waive any premium that would normally be due for an Extended Reporting Endorsement.

The Company, at our discretion, may audit the practitioner to verify compliance with the terms of this moonlighting rule.

Please refer to the State Rate Pages for availability.

R. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

New to Practice Credits cannot be applied in combination with Part Time Practice Credits.

Please refer to the State Rate Pages for availability and associated credit(s).

S. New Graduate Coverage Rating Plan

A Healthcare Professional in their first five years of practice may be eligible for Claims Made coverage at a reduced premium. The premium will be determined by the otherwise applicable classification of the Healthcare Professional (as identified in the respective State Rate Pages) and the number of years the insured has been in practice after graduation.

In addition, insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage when the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of five annual Claims Made policies.
2. Achieve five years of continuous Claims Made coverage under this plan with no claims* attributed to the insured in their last three policy years.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Only Military Leave of Absence, Leave of Absence credit and Schedule Rating credits or debits can apply in conjunction with this rating rule.

Please refer to the State Rate Pages for availability and associated premium charge.

T. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate, subject to applicable credits and/or debits pursuant to underwriting guidelines.

U. Part Time Practice Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate of number of hours during the term of an annual policy will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

No other credits are to apply concurrent with this rating rule except for Risk Management Credit, Membership Association Credit or Schedule Rating modifications.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

V. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

W. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

X. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policyholder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step, and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

Y. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

Z. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

AA. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

BB. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

CC. Slot Rating Rule

Coverage for multi-healthcare professional groups is available, at the Company's option, on a slot basis rather than on an individual healthcare professional basis. The slot endorsement will identify the individuals and practice settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2,080 hours or less per annual policy term.

The applicable manual rate will be determined utilizing the retroactive date, classification, limits and territory of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for New to Practice, Part Time Practice, New Graduate Coverage Rating and Risk Management credits cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

DD. Supervising Physician Rating Rule

Supervising Physician Coverage may be added to a healthcare professional's policy for an additional premium charge. The premium charge will be based upon the number of hours the physician supervises the scheduled healthcare professional.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

VI. CLASSIFICATIONS**A. Physician Assistants**

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Healthcare Professionals Certified Registered Nurse Anesthetists (CRNA's), as identified in the Class Plan contained within the Section III State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Certified Registered Nurse Anesthetist (CRNA), shown on the State Rate Pages, in accordance with each Certified Registered Nurse Anesthetists (CRNA's) classification and class plan designation based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Background Review Surcharge

Any individual Healthcare Professional or entity that indicates a history of license, certification or chemical/substance abuse issues will receive a surcharge as identified in the State Rate Pages.

Please refer to the State Rate Pages for availability and respective surcharge.

E. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.
2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.

3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. No other modifications are to apply concurrent with this rule with the exception of Disposable Products, Membership Association, Part Time Practice, Risk Management, and Schedule Rating modifications.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

F. **Deductible Rating Plan**

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and the associated credit.

G. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

H. Disposable Products Rating Rule

A Healthcare Professional shall be eligible for a credit as identified in the State Rate Pages pursuant to the following stipulations:

- Limit the use of a syringe and/or needle on a patient to no more than once when administering intravenous medications and,
- Prohibit the use or reuse of the same needle or syringe on multiple patients.

Please refer to the State Rate Pages for availability.

I. Employed CRNA Rating Rule

Healthcare Professionals seeking limited coverage specific to performing professional services while acting within the scope of the healthcare professional's employment with an employer, shall be eligible for a discount of the Healthcare Professional's otherwise applicable rate.

No other credits or debits can apply with this rating plan. Please refer to the State Rate Pages for availability, limits of liability and applicable credit.

J. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Part Time Practice, New to Practice and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

K. Group Rating Rule

Any group practice consisting of two or more healthcare professionals may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

L. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the Leave of Absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.

- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

M. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Locum Tenens coverage is not available for insureds who are covered on a 500 hour or less Moonlighting policy.

Please refer to the State Rate Pages for availability.

N. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

O. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

P. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

Q. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

R. Moonlighting Rating Rule

Moonlighting Practitioners may be eligible for coverage at a reduced rate.

Moonlighting Practitioners means any independent contractor or Healthcare Professional who does not have coverage under any other valid and collectible insurance or any self-insurance plan. The moonlighting practitioner must provide moonlighting services less than 1,000 hours annually to be eligible for the reduced premium, pursuant to the schedule identified in the State Rate Pages.

No other credits can be applied in conjunction with this rating rule except the Disposable Products credit, Membership Association credit or Schedule Rating modifications.

Please refer to the State Rate Pages for availability and associated credit.

S. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

New to Practice Credits cannot be applied in combination with Moonlighting or Part Time Practice Credits.

Please refer to the State Rate Pages for availability and associated credit(s).

T. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate subject to applicable credits and/or debits pursuant to underwriting guidelines.

U. Part Time Practice Credit Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate of hours during the term of an annual policy, will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

No other credits are to apply concurrent with this rating rule except for Risk Management Credit, Disposable Products Credit, Membership Association Credit or Schedule Rating modifications.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

V. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

W. Per Diem Coverage Rule

Individual Certified Registered Nurse Anesthetists (CRNA's), and their solo corporations, shall be provided the option, subject to underwriting guidelines, to purchase Per Diem coverage pursuant to the following conditions:

1. The applicant must complete an application and submit it to the Company for approval prior to the requested effective date of coverage.
2. Per Diem premium is fully earned for each requested coverage term.

The addition of Solo Corporation Per Diem Coverage will not operate to provide additional limits of liability beyond the stated limits of the Per Diem individual policy.

No other premium modifications are to apply concurrent with this rule except for Schedule Rating modifications.

Please refer to the State Rate Pages for availability and associated rate(s).

X. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

Y. Prior Acts Convertible Extended Reporting Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for such conversion only after the following conditions have been met:

1. Insured has maintained continuous Claims Made coverage back to the insured's current in-force Claims Made policy's retroactive date.
2. Insured has no gaps in coverage between the expiration date of the insured's in-force Claims Made policy and the insured's requested effective date for Occurrence coverage from the Company.
3. Insured's payment to the Company of the applicable premium for an annual Occurrence policy.

At the time the aforementioned conditions are met, the Company will issue a shared limit Prior Acts Convertible Extended Reporting endorsement, covering services subsequent to the scheduled retroactive date and prior to the Prior Acts Convertible Extended Reporting Endorsement's effective date. There is no premium charge for this coverage.

Should the insured be unable to meet the above conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement or a Prior Acts Endorsement. Refer to the Optional Extended Reporting Period Rating rule or Prior Acts rule to determine the applicable premium.

Please refer to the State Rate Pages for availability.

Z. Prior Acts / Nose Rating Plan

A Healthcare Professional that is currently insured under a Claims Made policy with another carrier and seeks to convert to an Occurrence policy may be eligible for Prior Acts/Nose coverage. The rating for such coverage shall be determined by applying the Optional Extended Reporting Period Rating Factors contained in the rate section of this manual.

The applicable premium under this plan shall be in addition to the Healthcare Professional's Occurrence premium.

Please refer to the State Rate Pages for availability.

AA. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policyholder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

BB. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

CC. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

DD. Shared Vicarious Liability Rating Rule

A vicarious liability surcharge will be applied to practices employing independent contractors. The surcharge is based on the average weekly hours worked by the independent contractor and is applied to the average Healthcare Professional rate of the group.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and associated surcharge.

EE. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

FF. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

GG. Slot Rating Rule

Coverage for multi-healthcare professional groups is available, at the Company's option, on a slot basis rather than on an individual healthcare professional basis. The slot endorsement will identify the individuals and practice settings that are covered. Coverage will be provided on a shared limit basis for those insured's moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2080 hours or less per annual policy term.

The Slot Debit will apply to Slot Rated Coverage and will be additive with all other credits and debits. Premium modifications for New to Practice, Part Time Practice, and Risk Management cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and the applicable debit.

VI. CLASSIFICATIONS**A. Certified Registered Nurse Anesthetists (CRNA's)**

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Chiropractors, as identified in the Class Plan contained within the Section IV State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Chiropractor, shown on the State Rate Pages, in accordance with each Chiropractor's classification and class plan designation, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied.
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Claim Free Credit

If no claim has been attributed to an insured, the insured will be eligible for a premium credit based upon the schedule as identified in the State Rate Pages.

A claim under this manual section shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Insureds converting coverage to the Company shall qualify for a credit at the policy inception date in accordance with the Company's guidelines.

Please refer to the State Rate Pages for availability.

E. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.
2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. No other modifications are to apply concurrent with this rule with the exception of Membership Association, Part Time Practice, Risk Management and Schedule Rating modifications.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

F. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity or the indemnity and allocated loss expense portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

G. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

H. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time

Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Claim Free, Part Time Practice, New to Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

I. Group Rating Rule

Any group practice consisting of two or more healthcare providers may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

J. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the leave of absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.
- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

K. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

L. Manipulation Under Anesthesia/Manipulation Under Joint Anesthesia

Coverage is available, subject to underwriting approval, for Healthcare Professionals certified and licensed in chiropractic manipulation under anesthesia or manipulation under joint anesthesia. An additional charge will apply to the Chiropractic provider and their separate limit entity.

Please refer to the State Rate Pages for availability and associated charge.

M. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

N. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

O. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

P. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

Q. Moonlighting Rating Rule

Moonlighting Practitioners may be eligible for coverage at a reduced rate.

Moonlighting Practitioners means any independent contractor or Healthcare Professional who does not have coverage under any other valid and collectible insurance or any self-insurance plan for the moonlighting activities. The Moonlighting Practitioner must provide moonlighting services less than 10 hours per week or a maximum of 520 hours annually to be eligible for a credit.

This rating rule cannot be used in conjunction with the New to Practice, Claim Free Credit or Part Time credits.

Please refer to the State Rate Pages for availability and associated credit.

R. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

New to Practice Credits cannot be applied in combination with Moonlighting or Part Time Practice Credits.

Please refer to the State Rate Pages for availability and associated credit(s).

S. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate, subject to applicable credits and/or debits pursuant to underwriting guidelines.

T. Part Time Practice Credit Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate number of hours during the term of an annual policy will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

This rating rule cannot be used in conjunction with New to Practice, Claim Free Credit or Moonlighting credits.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

U. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

V. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

W. Prior Acts / Nose Rating Plan

A Healthcare Professional that is currently insured under a Claims Made policy with another carrier and seeks to convert to an Occurrence policy may be eligible for Prior Acts/Nose coverage. The rating for such coverage shall be determined by applying the Optional Extended Reporting Period Rating Factors contained in the rate section of this manual.

The applicable premium under this plan shall be in addition to the Healthcare Professional's Occurrence premium.

Please refer to the State Rate Pages for availability.

X. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policy holder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

Y. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Additionally, the insured will receive a premium credit applied for the proper use of an electronic health record system within their practice. The credit will be provided for programs meeting the criteria of the Company and issued at the beginning of the next policy period contingent upon receipt of the required documentation of system capabilities and practice usage.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

Z. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

AA. Services to Animals

Coverage is available, subject to underwriting approval, for Healthcare Professionals certified and licensed to perform chiropractic procedures on animals. Additional charges will apply to the licensed and certified Healthcare Professional and to their separate limit entity(ies).

Limits of liability:	\$25,000 Per Wrongful Act
	\$50,000 Aggregate

The limit of liability for this coverage is part of, and not in addition to the total limit of liability of the policy.

Please refer to the State Rate Pages for availability and the associated charge.

BB. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

CC. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

DD. Slot Rating Rule

Coverage for groups is available, at the Company's option, on a slot basis. The slot endorsement will identify the individuals and settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2080 hours or less per annual policy term.

For Slot rated Occurrence coverage the applicable manual rate will be determined by the classification, limits and territory of the slot.

For Slot rated Claims Made coverage the applicable manual rate will be rated as a Claims Made policy, utilizing the retroactive date, classification, limits and territory of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for Claim Free Credit, New to Practice, Part Time Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

VI. CLASSIFICATIONS

A. Chiropractors

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALITY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Optometrists, as identified in the Class Plan contained within the Section V State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Optometrist, shown on the State Rate Pages, in accordance with each Optometrist's classification and class plan designation, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied.
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge

D. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.
2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. Modifications for Membership Association, Part Time Practice, Risk Management, Schedule Rating modifications cannot be used in conjunction with the Convertible Claims Made Rating Plan.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

E. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

F. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

G. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time

Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Part Time Practice, New to Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

H. Group Size Credit

The Company shall utilize credits to determine appropriate premiums for groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

Please refer to the State Rate Pages for availability and group size related credits.

I. Group Rating Rule

Any group practice consisting of two or more healthcare providers may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A

Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

J. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the leave of absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.

- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

K. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

L. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

M. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

N. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

O. Minimum Premium Rule

The applicable minimum premium is determined by the type of health care provider and is shown on the appropriate State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

The Minimum Premium Rule does not apply to the Student Rating Classes.

Please refer to the State Rate Pages for availability.

P. Moonlighting Rating Rule

Moonlighting Practitioners may be eligible for coverage at a reduced rate.

Moonlighting Practitioners means any independent contractor or Healthcare Professional who does not have coverage under any other valid and collectible insurance or any self-insurance plan for the moonlighting activities. The Moonlighting Practitioner must provide moonlighting services less than 10 hours per week or a maximum of 520 hours annually to be eligible for a credit.

This rating rule cannot be used in conjunction with the Employed Optician/Ophthalmic Technologist Classes, New to Practice, or Part Time credits.

Please refer to the State Rate Pages for availability and associated credit.

Q. New to Practice Credit Rule

An Insured will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

The New to Practice Credit cannot be applied in combination with the Employed Optician/Ophthalmic Technologist Classes, Moonlighting or Part Time Credits.

Please refer to the State Rate Pages for availability and associated credit(s).

R. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Optional Extended Reporting Period endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the standard mature claims made rate, applicable to the expiring policy, and subject to applicable credits and/or debits pursuant to underwriting guidelines.

S. Part Time Practice Credit Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate of hours during per annual policy will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

This rating rule cannot be used in conjunction with Employed Optician/Ophthalmic Technologist Classes, New to Practice or Moonlighting credits.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

T. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

U. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

V. Prior Acts / Nose Rating Plan

A Healthcare Professional that is currently insured under a Claims Made policy with another carrier and seeks to convert to an Occurrence policy may be eligible for Prior Acts/Nose coverage. The rating for such coverage shall be determined by applying the Optional Extended Reporting Period Rating Factors contained in the rate section of this manual.

The applicable premium under this plan shall be in addition to the Healthcare Professional's Occurrence premium.

Please refer to the State Rate Pages for availability.

W. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generate a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policy holder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

X. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Additionally, the insured will receive a premium credit applied for the proper use of an electronic health record system within their practice. The credit will be provided for programs meeting the criteria of the Company and issued at the beginning of the next policy period contingent upon receipt of the required documentation of system capabilities and practice usage.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

Y. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate

Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

Z. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

AA. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

BB. Slot Rating Rule

Coverage for groups is available, at the Company's option, on a slot basis. The slot endorsement will identify the individuals and settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2080 hours or less per annual policy term.

For Slot rated Occurrence coverage the applicable manual rate will be determined by the classification, limits and territory of the slot.

For Slot rated Claims Made coverage the applicable manual rate will be rated as a Claims Made policy, utilizing the retroactive date, classification, limits and territory

of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for New to Practice, Part Time Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

VI. CLASSIFICATIONS

A. Optometrists

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Podiatrists, as identified in the Class Plan contained within the Section VI State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Podiatrist, shown on the State Rate Pages, in accordance with each Podiatrist's classification and class plan designation, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied.
- C. Premium rounding will be done at each step of the computation process in accordance with the following procedure. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), that contractually requires the insured to name them as an additional insured, may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Claim Free Credit

If no claim has been attributed to an insured, the insured will be eligible for a premium credit based upon the schedule as identified in the State Rate Pages.

A claim under this manual section shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Insureds converting coverage to the Company shall qualify for a credit at the policy inception date in accordance with the Company's guidelines.

Please refer to the State Rate Pages for availability.

E. Convertible Coverage Rating Plan

Insureds shall be provided the option, subject to underwriting guidelines, to convert from Claims Made to Occurrence coverage. The insured shall be eligible for conversion after the following conditions have been met:

1. Payment to the Company of the applicable premium for a minimum of three annual Claims Made policies.
2. Achieve three years of continuous Claims Made coverage under this plan with no claims* attributed to the insured.
3. Insureds payment to the Company of the applicable premium for an annual Occurrence policy.

* A claim under this plan shall not be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

At the time the aforementioned conditions are met, the Company will issue an Extended Reporting Endorsement, covering services subsequent to the retroactive date and prior to the expiration of the Claims Made policy, and will waive any premium that would normally be due for such extension.

The applicable premium under this plan shall be equal to a percentage of the manual premium that would otherwise be derived for the insured under the Occurrence program. No other modifications are to apply concurrent with this rule with the exception of Membership Association, Part Time Practice, Risk Management and Schedule Rating modifications.

Should the insured be unable to meet the conditions for conversion, the insured may elect to purchase an Extended Reporting Endorsement subject to policy provisions. Refer to the Optional Extended Reporting Period Rating rule to determine the applicable premium.

Please refer to the State Rate Pages for availability and associated percentage charge.

F. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

G. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

H. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon the following number of hours per year:

2,080	Group Practice
1,800	Training/Residency Programs

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0. Training/Residency programs (and other similar programs) are not subject to the group practice minimums.

The premium is developed by applying the applicable Healthcare Professional rate to the corresponding FTE, and will be adjusted to reflect loss cost considerations not recognized in the standard rates.

The applicable premium modification per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Claim Free, Part Time Practice, New to Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability and associated credits.

I. Group Rating Rule

Any group practice consisting of two or more healthcare professionals may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership, or association.

For the purpose of this rule a Large Group is defined as any collective decision making group / body of insureds who may be owners of, employed by or under contract with a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net Premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

J. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first day of the leave of absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.
- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

K. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

L. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

M. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

N. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

O. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professionals as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

P. Moonlighting Rating Rule

Moonlighting Practitioners may be eligible for coverage at a reduced rate.

Moonlighting Practitioners means any independent contractor or Healthcare Professional who does not have coverage under any other valid and collectible insurance or any self-insurance plan for the moonlighting activities. The Moonlighting Practitioner must provide moonlighting services less than 10 hours per week or a maximum of 520 hours annually to be eligible for a credit.

This rating rule cannot be used in conjunction with the Employed Podiatrist classes, New to Practice, Claim Free or Part Time credits.

Please refer to the State Rate Pages for availability and associated credit.

Q. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

New to Practice Credits cannot be applied in combination with the Employed Podiatrist classes, Moonlighting or Part Time Practice Credits.

Please refer to the State Rate Pages for availability and associated credit(s).

R. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate, subject to applicable credits and/or debits pursuant to underwriting guidelines.

S. Part Time Practice Credit Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate number of hours during the term of an annual policy will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

This rating rule cannot be used in conjunction with the Employed Podiatrist classes, New to Practice, Claim Free or Moonlighting credits.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

T. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

U. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

V. Prior Acts / Nose Rating Plan

A Healthcare Professional that is currently insured under a Claims Made policy with another carrier and seeks to convert to an Occurrence policy may be eligible for Prior Acts/Nose coverage. The rating for such coverage shall be determined by applying the Optional Extended Reporting Period Rating Factors contained in the rate section of this manual.

The applicable premium under this plan shall be in addition to the Healthcare Professional's Occurrence premium.

Please refer to the State Rate Pages for availability.

W. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policy holder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

X. Residency Credit Rule

Restricted coverage is available for a podiatric resident and will be limited to coverage only for professional services provided while in an American Podiatric Medical Association Council on Podiatric Medical Education approved program or a program in candidate status. Coverage is only for responsibilities as a part of the residency program.

The podiatric resident must complete an application and submit it to the Company in advance for approval prior to the requested effective date of coverage.

Please refer to the State Rate Pages for availability.

Y. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Additionally, the insured will receive a premium credit applied for the proper use of an electronic health record system within their practice. The credit will be provided for programs meeting the criteria of the Company and issued at the beginning of the

next policy period contingent upon receipt of the required documentation of system capabilities and practice usage.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

Z. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

AA. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

BB. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered, or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

CC. Slot Rating Rule

Coverage for groups is available, at the Company's option, on a slot basis. The slot endorsement will identify the individuals and settings that are covered. Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2080 hours or less per annual policy term.

For Slot rated Occurrence coverage the applicable manual rate will be determined by the classification, limits and territory of the slot.

For Slot rated Claims Made coverage the applicable manual rate will be rated as a Claims Made policy, utilizing the retroactive date, classification, limits and territory of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for Claim Free Credit, New to Practice, Part Time Practice, Moonlighting and Risk Management cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

VI. CLASSIFICATIONS**A. Podiatrists**

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALTY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Healthcare Professionals - All Others, as identified in the Class Plan contained within the Section VII State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Policies will be written for a term of one year, and renewed annually thereafter, but the policy term may be extended beyond one year subject to underwriting guidelines and state limitations. Coverage may also be written for a period of time less than one year under a short term policy period.

III. PREMIUM COMPUTATION

- A. The premium shall be computed by applying the rate per Healthcare Professional - All Others, shown on the State Rate Pages, in accordance with each Healthcare Professional's - All Others classification and class plan designation, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will applied after all rating factors are applied
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the specialties listed in the class plan contained within the State Rate Pages of this section, only.

A. Accelerated Extension Contract Rating Rule

The Company may agree to waive the standard requirements for qualifying for a free Extended Reporting Endorsement at retirement if the insured meets the following criteria:

1. The insured is a member of a group practice that is insured on a Claims Made basis with the Company.
2. The group requested the waiver for an insured who anticipates permanently retiring from the healthcare profession in less than 1 year and/or will not attain the required number of years of continuous Claims Made coverage at the time of retirement.
3. The insured otherwise meets the requirements as set forth in the policy for a free Extended Reporting Endorsement.
4. The Company approved the group's request for the waiver after determining the insured had limited prior acts exposure.

The total number of insureds within a group practice that may qualify for this waiver may not exceed a ratio of 1 in 3.

Please refer to the State Rate Pages for availability.

B. Additional Insured Contractual Liability Coverage

An additional insured, other than the insured's own practice corporations/partnerships (eg. hospitals, surgical centers, managed care organizations, etc.), may be added to the policy. This coverage is limited to professional liability imputed to the Additional Insured solely for the professional negligence of an insured under the policy.

Please refer to the State Rate Pages for availability.

C. Additional Insured Shared Vicarious Liability Coverage

A scheduled Healthcare Professional Entity (not owned by the insured) may be made an additional insured on a Healthcare Professional policy for an additional charge. Coverage is limited to vicarious liability based on professional services rendered or which should have been rendered by the Named Insured.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for the associated charge.

D. Aggregate Credit Rule

The application of all approved credits contained in this section of the rating manual shall not exceed the amount identified in the State Rate Pages. This rule does not apply to Deductible, Leave of Absence, Membership Association, Military Leave of Absence, Part Time Practice or Risk Management Credits.

Please refer to the State Rate Pages for availability.

E. Deductible Rating Plan

Credits shall be available, subject to underwriting guidelines.

The deductibles shall apply to the indemnity portion of each loss unless otherwise modified by statute.

Deductibles can only be revised at policy renewal. The deductible credits shall apply to the primary limits premium, net of other applicable credits, identified on the State Rate Pages.

Please refer to the State Rate Pages for availability and associated credit.

F. Deferred Premium Payment Plan

The Company will, subject to applicable guidelines, offer the insured various premium payment options. The deferred premium payment plan requires a down payment to be paid on or before the inception/renewal date of the policy. The balance of the premium will be payable in periodic installments. Other fees may apply.

Please refer to the State Rate Pages for availability.

G. Full Time Equivalency Rating Rule

Coverage for a Healthcare Professional group is available, at the Company's option, on a Full Time Equivalent (FTE) basis rather than on an individual insured basis. Coverage is provided on an individual limit or shared limit basis. Full Time Equivalency is based on each Healthcare Professional's number of hours of practice per year. The definition of one FTE is based upon 2,080 hours per year for group practices.

For group practices, the minimum average FTE assigned to any individual Healthcare Professional is 0.10 (208 hours), subject to a total FTE per policy of no less than 1.0.

The availability of shared limit FTE coverage per the number of FTE's in the policy for a shared limit is identified in the State Rate Pages. The number of FTE's is determined by rounding the actual FTE's per policy using the 0.50 rounding rule.

Premium modifications for Part Time Practice, New to Practice and Risk Management cannot be used in conjunction with this rating rule.

FTE policies are subject to electronic or on-site audits. Premium adjustments will be applied based upon the audit findings for the audit period.

If an insured elects separate limit FTE coverage, a debit shall apply.

Please refer to the State Rate Pages for availability and the amount of the debit.

H. Group Rating Rule

Any group practice consisting of two or more healthcare professionals may be collectively rated. Group practice shall mean a group or body of insureds who make a collective buying decision to purchase insurance as the owners, employees, or agents of a specific and distinct corporation, partnership or association.

For the purpose of this rule, a Large Group is defined as any collective decision making group/body of insureds who may be owners of, employed by, or under contract with, a specific and distinct corporation, partnership or association. A Large Group will generally have 25 or more healthcare professionals and will have characteristics of operation similar to other large commercial ventures characterized by the presence of a CEO, CFO, Board of Directors, Business Manager, etc. All other groups shall be deemed to be Small Groups for underwriting purposes.

The Individual Net Premiums will equal the filed rate for the insured after being adjusted for any applicable discretionary or non-discretionary debits/credits, pursuant to underwriting guidelines. The reflection of the non-discretionary debits or credits may be applied individually or in aggregate for Large Groups. The Group's Net Premium will equal the sum of the Individual Net Premiums for each individual or entity receiving separate limits of liability and any group of individuals or entities sharing a limit of liability.

Once the premium for the group has been established, the Company may allocate that premium among the individual insureds based upon applicable underwriting guidelines.

Please refer to the State Rate Pages for availability.

I. Group Size Credit

The Company shall utilize credits to determine appropriate premiums for groups of insureds, who, in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

Please refer to the State Rate Pages for availability and group size related credits.

J. Leave of Absence Credit Rule

A Healthcare Professional who is on a leave of absence for a continuous period of 45 days or more may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This will apply retroactively to the first

day of the leave of absence, if reported to the Company within 30 days. Only one application of this credit may be applied to an annual policy period. Leave of Absence may include the following:

- The birth of an insured's newborn, placement of foster children or insured adopts a child, provided the leave is completed within 12 months of the birth, placement or adoption.
- To care for a spouse, child or parent who has a serious health condition.
- To care for insured's own health condition that prevents the insured from working.
- Time to enhance the insured's education or other reason while not practicing.

This credit is not available to an insured's leave of absence for vacation purposes. The Minimum Premium Rating Rule applies to insureds eligible for the Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

K. Locum Tenens

Coverage for a Healthcare Professional substituting for an insured Healthcare Professional will be limited to cover only professional services rendered on behalf of the insured Healthcare Professional for the specified time period. Locum Tenens will share in the insured Healthcare Professional's limit of liability. No additional charge will apply for this coverage.

Please refer to the State Rate Pages for availability.

L. Medical Director Rating Rule

Medical Director Coverage may be added to a policy for an additional premium charge.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

M. Membership Association Credit Rule

A premium credit shall be given to those insureds who are members of a designated Medical Protective Healthcare Professional Association.

Please refer to the State Rate Pages for availability and associated credit.

N. Military Leave of Absence Credit Rule

A Healthcare Professional who is on a military leave of absence may be eligible for restricted coverage at a discount to the applicable rate for the period of the leave of absence. This credit will apply retroactively to the first date of the military leave of absence.

The Minimum Premium Rating Rule does not apply to insureds that are eligible for the Military Leave of Absence Credit.

Please refer to the State Rate Pages for availability and associated credit.

O. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

P. New to Practice Credit Rule

A Healthcare Professional will be eligible for a credit based upon the number of years the insured has been in practice after graduation. This credit will be applied to currently filed rates.

New to Practice Credits cannot be applied in combination with Part Time Practice Credits. The Minimum Premium Rule does not apply to Healthcare Professionals receiving the New to Practice credit.

Please refer to the State Rate Pages for availability and associated credit(s).

Q. Optional Extended Reporting Period Rating

The availability of the Optional Extended Reporting Period Rating shall be governed by the terms and conditions of the policy and the following rules:

1. The retroactive date of coverage will determine the years of prior exposure for the Optional Extended Reporting Period Rating.
2. The Limits of Liability may not exceed those afforded under the terminating policy, unless otherwise required by statute or regulation.
3. Premium must be paid, in accordance with state statutes, promptly when due.
4. The premium for the Extended Reporting Endorsement shall be determined by applying the Optional Extended Reporting Period rating factors shown on the State Rate Pages to the applicable standard mature claims made rate, subject to applicable credits and/or debits pursuant to underwriting guidelines.

R. Organizational Structure Rating Rule

Healthcare Professionals will receive a surcharge on their standard premium when specific qualifications apply to the insured.

Please refer to the State Rate Pages for availability, qualifications and associated debit.

S. Part Time Practice Credit Rule

Any insured practicing less than a specified number of hours in a week or less than a specified annual aggregate number of hours during the term of an annual policy will be considered a Part Time Healthcare Professional and will be eligible for a premium credit.

No other credits are to apply concurrent with this rating rule except for Risk Management Credit, Membership Association Credit or Schedule Rating modifications. However, when the insured's part time premium is less than the minimum premium the insured's premium will equal the lesser of the individual's full time rate or minimum premium.

Please refer to the State Rate Pages for availability, hour threshold and associated credit.

T. Partnership / Corporation Rating Rule

Partnership / Corporation coverage is available for Healthcare Professionals Partnerships and/or Corporations.

The premium for Partnership / Corporation coverage shall equal a percentage of the sum of the individual rates of the partners, shareholders and employed/contracted healthcare professionals, insured by the Company, at the limits selected for the partnership or corporation.

Limits of coverage for the partnership or corporation may not exceed the lowest limits of coverage of any of the insured partners, shareholders or employed/contracted Healthcare Professionals.

The premium will be waived for Named Insured Entities which share limits with other Named Insured Entities for claims listing the Named Insured Entity and Shared Limit Entity(ies) as defendants.

Solo individual professional corporations or associations may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge.

Please refer to the State Rate Pages for availability and respective percentage charge.

U. Prior Acts Coverage

The policy shall be extended to provide prior acts coverage in accordance with the applicable retroactive date(s). The retroactive date can only be advanced with the written acknowledgement of the insured and the approval by the Company.

Please refer to the State Rate Pages for availability.

V. Prior Acts / Nose Rating Plan

A Healthcare Professional that is currently insured under a Claims Made policy with another carrier and seeks to convert to an Occurrence policy may be eligible for Prior Acts/Nose coverage. The rating for such coverage shall be determined by applying the Optional Extended Reporting Period Rating Factors contained in the rate section of this manual.

The applicable premium under this plan shall be in addition to the Healthcare Professional's Occurrence premium.

Please refer to the State Rate Pages for availability.

W. Renewal Rating Rule

Members of a qualified Healthcare Professional group/association may qualify for additional premium modifications.

If the group practice / association generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policy holder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

X. Risk Management Credit Rule

The insured will receive a premium credit for a Risk Management course approved for credit by the Company.

Please refer to the State Rate Pages for the amount of the credit and duration of application.

Y. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

Z. Shared Limit Entity Rating Rule

An insured's owned Healthcare Professional Entity may share the Healthcare Professional's primary individual policy limit at no additional charge.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability.

AA. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy. Coverage is limited to vicarious liability based solely on professional services rendered or which should have been rendered by the Named Insured Healthcare Professional.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability and associated charge.

BB. Slot Rating Rule

Coverage for multi-healthcare professional groups is available, at the Company's option, on a slot basis rather than on an individual healthcare professional basis. The slot endorsement will identify the individuals and practice settings that are covered.

Coverage will be provided on a shared limit basis for those insureds moving through the slot or position. A maximum of ten (10) individuals shall be named in a single slot and have 2080 hours or less per annual policy term.

For Slot rated Occurrence coverage the applicable manual rate will be determined by the classification, limits and territory of the slot.

For Slot rated Claims Made coverage, the applicable manual rate will be rated as a Claims Made policy, utilizing the retroactive date, classification, limits and territory of the slot. Optional Extended Reporting Period coverage may be purchased for the Slot based on the applicable retroactive date, classification, territory and limits.

Premium modifications for New to Practice, Part Time Practice and Risk Management cannot be used in conjunction with this rating rule.

Slot policies are subject to electronic or on-site audits. Mid-term premium adjustments will be applied based upon the audit findings for the audit period.

Please refer to the State Rate Pages for availability.

CC. Supervising Physician Rating Rule

Supervising Physician Coverage may be added to a healthcare professional's policy for an additional premium charge. The premium charge will be based upon the number of hours the physician supervises the scheduled healthcare professional.

The addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability and the associated premium charge.

VI. CLASSIFICATIONS

A. Healthcare Professionals - All Others

1. Each healthcare professional is assigned a classification code according to their specialty. When more than one classification is applicable, the highest rate classification shall apply.
2. The classification codes will be contained on the State Rate Pages.

**MANUAL PAGES
FOR
MULTI-SPECIALITY HEALTHCARE PROFESSIONAL PROGRAM**

I. APPLICATION OF MANUAL

- A. This section provides rules, rates, premiums, classifications and territories for the purpose of providing Liability Insurance for Student Healthcare Professionals and/or Healthcare Professional College Programs as identified in the Class Plan contained within the Section IX State Rate Pages.
- B. Any exceptions to these rules are contained in the respective State Rate Pages.

II. POLICY TERM

Coverage may be written for an annual term or any period of time less than an annual term as requested by the insured student or college.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates and rating plans in effect, based upon the requested policy effective date. At each renewal, compute the premium using the rules, rates and rating plans then in effect, based upon the policy effective date of the renewal policy.
- B. Wherever applicable, factors are to be applied consecutively and not added together. Credits and Debits will be applied after all rating factors are applied
- C. Premium rounding will be done at each step of the computation process in accordance with the procedure outlined below. In the event the application of any rating procedure applicable in accordance with this manual produces a result that is not a whole dollar, each rate and premium shall be adjusted as follows:
 - 1. Any amount involving \$0.50 or over shall be rounded up to the next highest whole dollar amount, or
 - 2. Any amount involving \$0.49 or less shall be rounded down to the next lowest whole dollar amount.
- D. For rates not shown, the Company will interpolate as necessary.

IV. COVERAGE

Coverage may be provided on either an Occurrence or Claims Made basis, unless noted otherwise in the respective section or State Rate Pages. Coverage under the policy shall be as described in the respective Insuring Agreements and endorsements. The coverages will be rated subject to availability and as identified on the State Rate Pages.

V. RATING RULES

The following rating rules are available for the classes listed in the class plan contained within the State Rate Pages of this section, only.

A. Additional Insured Rating Rule

A scheduled landlord, government organization, charity or religious organization may be made an additional insured on a Healthcare Professional's College program policy at no additional charge. Coverage is limited to the vicarious liability based solely on professional services rendered, or which should have been rendered, by the named insureds school, its faculty and students.

The addition will not operate to provide additional limits of liability beyond the stated limits of the policy.

Please refer to the State Rate Pages for availability.

B. Claim Free Credit

If no claim has been attributed to an insured, the insured will be eligible for a premium credit based upon the schedule as identified in the State Rate Pages.

A claim under this manual section shall not, for the purpose of this premium credit program, be construed to include instances of mistaken identity, blanket defendant listings, improper inclusion, or non-meritorious or frivolous claims.

Insureds converting coverage to the Company shall qualify for a credit at the policy inception date in accordance with the Company's guidelines.

Please refer to the State Rate Pages for availability.

C. Minimum Premium Rule

The applicable minimum premium may be determined by the type of healthcare professional as reflected in the State Rate Pages. The Minimum Premium will be retained when the insured requests cancellation unless the policy is canceled as of the inception date.

Please refer to the State Rate Pages for availability.

D. Renewal Rating Rule

Members of a qualified Healthcare Professional insureds may qualify for additional premium modifications.

If the college program insured generates a manual premium in excess of the amount identified in the State Rate Pages, the Company may, in consideration of the underlying risk, hold the next renewal rate(s) for the individual policy holder(s) constant, subject to underwriting approval.

However, changes in classification, limits of liability, claims made step and non-discretionary credits will be applied in the usual manner.

Only one consecutive renewal may receive application of this rule. The group practice/association may again qualify for this rule after payment of one renewal premium based upon currently filed rates.

Please refer to the State Rate Pages for the availability premium threshold.

E. Schedule Rating Plan

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated on the State Rate Pages. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review.

Please refer to the State Rate Pages for available considerations and the maximum percentage premium modification allowed under this plan.

F. Shared Limit Entity Vicarious Liability Coverage

A scheduled Healthcare Professional Entity may be made an additional insured on a Healthcare Professional's primary individual policy at no additional charge. Coverage is limited to vicarious liability based solely on professional services rendered or which should have been rendered by the Named Insured Healthcare Professional.

This addition will not operate to provide additional limits of liability per claim filed or annual aggregate beyond the stated limits of the individual policy.

Please refer to the State Rate Pages for availability and associated charge.

G. Size of School Credit

Healthcare Professional school programs are eligible for program size credits based upon the number of students insured.

No other modifications shall apply with this rating rule except for Claim Free Credit and Schedule Rating modifications.

Please refer to the State Rate Pages for availability, number of student threshold and associated credit(s).

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Charge
10%

4. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

5. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

Charge
100%

6. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

7. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

8. **Full Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE per policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

9. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

10. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

11. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

12. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

13. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
10%

14. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

15. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Healthcare Professional Type	Minimum Premium
All	\$50

16. **New to Practice Credit Rule**
(Occurrence Program)

Year of Practice after Graduation	Credit
1 st	25%

17. **New Graduate Coverage Rating Plan**
(Standard Claims Made Program)

Class	Limit: \$1,000,000 / \$6,000,000				
	1 st Year of Practice	2 nd Year of Practice	3 rd Year of Practice	4 th Year of Practice	5 th Year of Practice
N1 & N2	\$175	\$375	\$575	\$660	\$820
N3 & N4	\$325	\$650	\$850	\$950	\$1200

18. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

19. **Prior Acts**
(Standard Claims Made Program)

AVAILABLE

20. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

21. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

22. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit
Up to 3 Years	10%

23. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)		Per Characteristic Max	Description
1.	Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2.	Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3.	Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4.	Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5.	Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6.	Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7.	Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8.	Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9.	Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10.	Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11.	Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12.	Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%			

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

24. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

25. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

26. **Slot Rating Rule**
(Standard Claims Made Program)

AVAILABLE

27. **Supervising Physician Coverage Rating Rule**
(Occurrence & Standard Claims Made Programs)

Full Time	Part Time	
	11-20 hours	10 hours or less
\$14,000	\$7,700	\$4,200

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS N1

Independently Contracting Nurse Practitioners or Doctors of Nursing Practice specializing in Dermatology, Geriatric, Women's Health Care, Oncology, Gynecology or working in a correctional facility 10 or less hours per week.

CLASS N2

Independently Contracting Nurse Practitioners or Doctors of Nursing Practice specializing in Psychiatric Care.

CLASS N3

Independently Contracting Nurse Practitioners or Doctors of Nursing Practice specializing in Family Practice, Pediatric, School Nurse or Neonatal Care.

CLASS N4

Independently Contracting Nurse Practitioners or Doctors of Nursing Practice specializing in Acute Critical Care, OB/GYN, Perinatal Care, Cosmetic/Aesthetic, Pain Management or working in a correctional facility more than 10 hours per week.

CLASS N5

Employed Nurse Practitioners or Doctors of Nursing Practice specializing in Dermatology, Geriatric, Women's Health Care, Oncology, Gynecology or working in a correctional facility 10 or less hours per week who is requesting coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s).

CLASS N6

Employed Nurse Practitioners or Doctors of Nursing Practice specializing in Psychiatric Care who is requesting coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s).

CLASS N7

Employed Nurse Practitioners or Doctors of Nursing Practice specializing in Family Practice, Pediatric, School Nurse or Neonatal Care who is requesting coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s).

CLASS N8

Employed Nurse Practitioners or Doctors of Nursing Practice specializing in Acute Critical Care, OB/GYN, Perinatal Care, Cosmetic/Aesthetic, Pain Management or working in a correctional facility more than 10 hours per week who is requesting coverage solely for work for, or on behalf of an entity(s) they do not own, and in which they receive W2's from their employer(s).

CLASS NS

A student currently attending an approved Nurse Practitioner or Doctor of Nursing Practice program.

* Coverage is not available for Midwives or Nurse Anesthetists under this program.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area 1	Entire State
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Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE		FACTOR
0		0.920
1		1.430
2		1.700
3 OR MORE		1.870

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	565	609	627	680	848	883	998
N2	800	862	887	962	1,200	1,250	1,413
N3	1,033	1,114	1,146	1,243	1,550	1,615	1,824
N4	1,269	1,368	1,407	1,527	1,904	1,983	2,241
N5	458	494	508	551	687	716	809
N6	648	699	719	780	972	1,013	1,144
N7	837	902	928	1,007	1,256	1,308	1,478
N8	1,028	1,108	1,140	1,237	1,542	1,607	1,815
NS	176	190	195	212	264	275	311

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	1,015	1,140	1,158	1,261	1,279	1,364	1,383
N2	1,438	1,614	1,639	1,786	1,811	1,932	1,958
N3	1,856	2,085	2,117	2,306	2,339	2,495	2,528
N4	2,280	2,561	2,600	2,832	2,873	3,065	3,105
N5	823	924	938	1,022	1,037	1,106	1,121
N6	1,164	1,308	1,328	1,446	1,467	1,565	1,586
N7	1,504	1,689	1,715	1,868	1,895	2,021	2,048
N8	1,847	2,075	2,106	2,294	2,327	2,483	2,516
NS	316	355	361	393	398	425	431

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	181	195	201	218	272	283	320
N2	256	276	284	308	384	400	452
N3	330	356	366	397	495	516	583
N4	406	438	450	488	609	635	717
N5	146	157	162	176	219	228	258
N6	207	223	230	249	311	324	366
N7	268	289	297	322	402	419	473
N8	329	355	365	396	494	514	581

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	325	365	371	404	410	437	443
N2	460	517	525	571	580	618	626
N3	593	666	676	737	747	797	808
N4	730	819	832	906	919	980	993
N5	262	295	299	326	331	353	357
N6	372	418	424	462	469	500	507
N7	482	541	549	598	607	647	656
N8	591	664	674	734	745	795	805

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	322	347	357	387	483	503	569
N2	456	492	506	549	684	713	805
N3	589	635	653	709	884	921	1,040
N4	723	779	802	870	1,085	1,130	1,277
N5	261	281	289	314	392	408	461
N6	370	399	410	445	555	578	653
N7	478	515	530	575	717	747	844
N8	586	632	650	705	879	916	1,035

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	579	650	660	719	729	778	788
N2	819	920	934	1,018	1,032	1,101	1,116
N3	1,058	1,189	1,207	1,315	1,333	1,422	1,441
N4	1,299	1,459	1,481	1,614	1,637	1,746	1,769
N5	469	527	535	583	591	630	639
N6	665	747	758	826	838	894	905
N7	859	965	979	1,067	1,082	1,154	1,170
N8	1,053	1,183	1,201	1,308	1,327	1,415	1,434

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	435	469	482	523	653	680	768
N2	616	664	683	741	924	963	1,088
N3	796	858	883	958	1,194	1,244	1,406
N4	977	1,053	1,083	1,175	1,466	1,527	1,725
N5	352	379	390	423	528	550	622
N6	499	538	553	600	749	780	881
N7	645	695	715	776	968	1,008	1,139
N8	792	854	878	953	1,188	1,238	1,399

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	782	878	891	971	985	1,051	1,064
N2	1,107	1,243	1,262	1,375	1,395	1,488	1,507
N3	1,430	1,606	1,631	1,777	1,802	1,922	1,948
N4	1,756	1,972	2,002	2,181	2,212	2,359	2,391
N5	633	710	721	786	797	850	861
N6	897	1,007	1,022	1,114	1,130	1,205	1,221
N7	1,159	1,302	1,322	1,440	1,460	1,558	1,578
N8	1,423	1,598	1,623	1,768	1,793	1,913	1,938

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	474	511	526	570	711	741	837
N2	672	724	745	808	1,008	1,050	1,187
N3	868	936	963	1,044	1,302	1,357	1,533
N4	1,065	1,148	1,181	1,281	1,598	1,665	1,881
N5	384	414	426	462	576	600	678
N6	544	586	603	654	816	850	961
N7	703	758	780	846	1,055	1,099	1,241
N8	863	930	957	1,038	1,295	1,349	1,524

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	852	957	971	1,058	1,073	1,145	1,160
N2	1,208	1,356	1,377	1,500	1,521	1,623	1,644
N3	1,560	1,752	1,779	1,937	1,965	2,096	2,124
N4	1,914	2,149	2,182	2,377	2,411	2,572	2,606
N5	690	775	787	857	869	927	940
N6	978	1,098	1,115	1,214	1,232	1,314	1,331
N7	1,263	1,419	1,440	1,569	1,592	1,698	1,720
N8	1,551	1,742	1,768	1,926	1,954	2,084	2,112

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE							
Class	100/300	200/600	250/750	500/1000	1000/3000	1000/6000	2000/2000
N1	559	603	620	672	839	874	987
N2	792	854	878	953	1,188	1,238	1,399
N3	1,023	1,103	1,135	1,231	1,535	1,599	1,807
N4	1,256	1,354	1,393	1,511	1,884	1,963	2,218
N5	453	488	502	545	680	708	800
N6	642	692	712	772	963	1,003	1,134
N7	829	894	919	997	1,244	1,296	1,464
N8	1,018	1,097	1,129	1,225	1,527	1,591	1,798

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE							
Class	2000/4000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
N1	1,005	1,128	1,145	1,248	1,266	1,350	1,368
N2	1,423	1,598	1,623	1,768	1,793	1,913	1,938
N3	1,838	2,064	2,096	2,283	2,316	2,471	2,503
N4	2,257	2,535	2,574	2,803	2,844	3,033	3,073
N5	814	914	928	1,011	1,026	1,094	1,108
N6	1,154	1,296	1,315	1,433	1,453	1,550	1,571
N7	1,490	1,673	1,699	1,850	1,877	2,002	2,029
N8	1,829	2,054	2,086	2,272	2,305	2,458	2,491

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Premium Charge
10%

4. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

5. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

Charge
100%

6. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

7. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

8. **Employed Physician Assistant Rating Rule**
(Occurrence Program)

Limit of Liability	Credit
\$100,000 / \$300,000	67%

9. **Full Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE per policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

10. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

11. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

12. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

13. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

14. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
10%

15. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

16. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Healthcare Professional Type	Minimum Premium
All	\$50

17. **Moonlighting Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

18. **New to Practice Credit Rule**
(Occurrence Program)

Year of Practice after Graduation	Credit
1 st	25%

19. **New Graduate Coverage Rating Plan**
(Standard Claims Made Program)

Class	Limit: \$1,000,000 / \$6,000,000				
	1 st Year of Practice	2 nd Year of Practice	3 rd Year of Practice	4 th Year of Practice	5 th Year of Practice
P1	\$300	\$750	\$2,500	\$3,700	\$4,100
P2	\$300	\$750	\$2,500	\$5,000	\$5,450
P3	\$300	\$750	\$2,500	\$5,700	\$6,350

20. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Hours Per Week	Aggregate Hours Per Year	Credit
0-24	1,250	35%

21. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

22. **Prior Acts**
(Standard Claims Made Program)

AVAILABLE

23. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

24. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

25. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit
Up to 3 Years	10%

26. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)		Per Characteristic Max	Description
1.	Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2.	Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3.	Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4.	Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5.	Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6.	Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7.	Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8.	Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9.	Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10.	Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11.	Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12.	Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
			Maximum Modification: +/- 25%

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

27. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

28. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

29. **Slot Rating Rule**
(Standard Claims Made Program)

AVAILABLE

30. **Supervising Physician Coverage Rating Rule**
(Occurrence & Standard Claims Made Programs)

Full Time	Part Time	
	11-20 hours	10 hours or less
\$14,000	\$7,700	\$4,200

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS P1

A Physician Assistant practicing under the direction and supervision of a licensed Physician **specializing in or working in a:**

Behavioral Health Facility/Psychiatric Facility, Cardiovascular (Non-Surgical), Dermatology, Family Practice/Primary Care, Gastroenterology, Home Health Care/Hospice, Hospital (Non OR/ER), MRI/X-Ray/Imaging, Neurological (Non-Surgical), Nursing Home/Long Term Care, Orthopedics (Non-Surgical), Pediatrics, Physical/Occupational Therapy, School/ University/Teaching Facility, Sports Medicine, State/County Health Department, Thoracic (Non-Surgical), Urgent Care Facility or Women's Health/Gynecology, or

Working 10 hours or less per week: Correctional Facility.

CLASS P2

A Physician Assistant practicing under the direction and supervision of a licensed Physician **specializing in or working in a:**

Alternative Medicine (Integrative/Complimentary), Cardiac Catheterization Lab, OB/GYN (Non-Surgical), Obstetrics pre and post natal care, Pain Management Monitoring, or

Working 10 hours or less per week: Assisting in Surgery (Other than procedures performed under local injection/topical), Hospital OR/ER or a Surgical Center.

CLASS P3

A Physician Assistant practicing under the direction and supervision of a licensed Physician **specializing in:**

Anesthesia Administration (Deep Sedation and General Anesthesia), Cardiovascular Surgery, Cosmetic/Aesthetics, Med Spa/Day Spa, Neurological Surgery, Obstetrics including delivery, OB/GYN Surgery, Pain Management Treatment, Plastic Surgery, Telemedicine, Thoracic Surgery, Trauma Center, Weight Reduction/Bariatric/Liposuction, or

Working 10 hours or more per week: Assisting in Surgery (Other than procedures performed under local injection/topical), Correctional Facility, Hospital OR/ER or Surgical Center.

CLASS PM

A Physician Assistant who qualifies under the Physician Assistant Moonlighting Rule.

CLASS PS

Students currently enrolled and attending an American Academy of Physician Assistants approved Physician Assistant program.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Cook County
Area2	Remainder of State

Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	0.730
1	1.160
2	1.400
3 OR MORE	1.750

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	2,618	3,535	3,797	4,464	5,095	5,279	5,444	5,499	6,140
P2	3,274	4,419	4,747	5,581	6,370	6,600	6,806	6,875	7,677
P3	3,928	5,302	5,695	6,697	7,643	7,918	8,165	8,248	9,210
PM	851	1,149	1,234	1,451	1,656	1,715	1,769	1,787	1,995
PS	71	96	104	122	139	144	149	150	168

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	6,323	6,488	7,080	7,263	7,926	8,109	8,688	8,871
P2	7,906	8,112	8,852	9,081	9,909	10,138	10,862	11,091
P3	9,485	9,733	10,620	10,895	11,889	12,164	13,032	13,307
PM	2,055	2,108	2,301	2,360	2,575	2,635	2,823	2,883
PS	173	177	193	198	216	221	237	242

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	955	1,289	1,385	1,628	1,858	1,925	1,985	2,006	2,239
P2	1,193	1,611	1,730	2,034	2,322	2,405	2,480	2,505	2,798
P3	1,432	1,933	2,076	2,442	2,787	2,887	2,977	3,007	3,358
PM	774	1,045	1,122	1,320	1,506	1,560	1,609	1,625	1,815

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	2,306	2,366	2,582	2,649	2,891	2,958	3,169	3,236
P2	2,881	2,956	3,226	3,309	3,611	3,695	3,958	4,042
P3	3,458	3,548	3,872	3,972	4,335	4,435	4,751	4,852
PM	1,869	1,918	2,093	2,147	2,343	2,397	2,568	2,622

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
1 YR SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	1,812	2,446	2,627	3,089	3,526	3,653	3,767	3,805	4,249
P2	2,265	3,058	3,284	3,862	4,408	4,566	4,709	4,757	5,311
P3	2,718	3,669	3,941	4,634	5,289	5,479	5,651	5,708	6,374
PM	774	1,045	1,122	1,320	1,506	1,560	1,609	1,625	1,815

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	4,376	4,490	4,900	5,026	5,485	5,612	6,012	6,139
P2	5,470	5,613	6,125	6,283	6,856	7,015	7,515	7,674
P3	6,564	6,735	7,349	7,540	8,227	8,418	9,018	9,209
PM	1,869	1,918	2,093	2,147	2,343	2,397	2,568	2,622

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
2 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	2,333	3,150	3,383	3,978	4,540	4,703	4,850	4,899	5,471
P2	2,916	3,937	4,228	4,972	5,675	5,879	6,062	6,124	6,838
P3	3,500	4,725	5,075	5,968	6,811	7,056	7,277	7,350	8,208
PM	774	1,045	1,122	1,320	1,506	1,560	1,609	1,625	1,815

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS**Area 1****2 YRS SINCE RETROACTIVE DATE**

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	5,634	5,781	6,308	6,472	7,062	7,225	7,741	7,904
P2	7,042	7,226	7,885	8,089	8,827	9,031	9,675	9,879
P3	8,453	8,673	9,464	9,709	10,595	10,840	11,613	11,858
PM	1,869	1,918	2,093	2,147	2,343	2,397	2,568	2,622

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
MATURE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	2,381	3,214	3,452	4,060	4,633	4,800	4,950	5,000	5,583
P2	2,976	4,018	4,315	5,074	5,791	6,000	6,187	6,250	6,979
P3	3,571	4,821	5,178	6,089	6,949	7,199	7,424	7,499	8,374
PM	774	1,045	1,122	1,320	1,506	1,560	1,609	1,625	1,815

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	5,750	5,900	6,438	6,605	7,207	7,374	7,900	8,067
P2	7,187	7,375	8,047	8,255	9,008	9,217	9,874	10,083
P3	8,624	8,849	9,656	9,906	10,809	11,059	11,849	12,099
PM	1,869	1,918	2,093	2,147	2,343	2,397	2,568	2,622

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	2,182	2,946	3,164	3,720	4,246	4,399	4,536	4,582	5,117
P2	2,728	3,683	3,956	4,651	5,309	5,500	5,672	5,729	6,397
P3	3,273	4,419	4,746	5,580	6,369	6,598	6,805	6,873	7,675
PM	709	957	1,028	1,209	1,380	1,429	1,474	1,489	1,663
PS	71	96	104	122	139	144	149	150	168

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	5,270	5,407	5,900	6,053	6,605	6,758	7,240	7,393
P2	6,588	6,760	7,377	7,567	8,258	8,449	9,052	9,242
P3	7,904	8,110	8,850	9,079	9,907	10,136	10,860	11,089
PM	1,712	1,757	1,917	1,967	2,146	2,196	2,352	2,402
PS	173	177	193	198	216	221	237	242

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	795	1,073	1,153	1,355	1,547	1,603	1,653	1,670	1,864
P2	994	1,342	1,441	1,695	1,934	2,004	2,067	2,087	2,331
P3	1,193	1,611	1,730	2,034	2,322	2,405	2,480	2,505	2,798
PM	644	869	934	1,098	1,253	1,298	1,339	1,352	1,510

**MULTI-SPECIALTY HEALTHCARE PROFESSIONALS
STANDARD CLAIMS MADE RATES
Area 2
0 YRS SINCE RETROACTIVE DATE**

Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	1,920	1,970	2,150	2,205	2,406	2,462	2,638	2,693
P2	2,401	2,463	2,688	2,757	3,009	3,078	3,298	3,368
P3	2,881	2,956	3,226	3,309	3,611	3,695	3,958	4,042
PM	1,555	1,596	1,741	1,786	1,949	1,994	2,137	2,182

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
1 YR SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	1,509	2,037	2,188	2,573	2,937	3,042	3,137	3,169	3,539
P2	1,887	2,547	2,736	3,217	3,672	3,804	3,923	3,963	4,425
P3	2,264	3,056	3,283	3,860	4,406	4,564	4,707	4,754	5,309
PM	644	869	934	1,098	1,253	1,298	1,339	1,352	1,510

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	3,644	3,739	4,080	4,186	4,568	4,673	5,007	5,112
P2	4,557	4,676	5,102	5,235	5,712	5,844	6,261	6,393
P3	5,468	5,610	6,122	6,280	6,853	7,012	7,512	7,670
PM	1,555	1,596	1,741	1,786	1,949	1,994	2,137	2,182

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
2 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	1,943	2,623	2,817	3,313	3,781	3,917	4,039	4,080	4,556
P2	2,430	3,281	3,524	4,143	4,729	4,899	5,052	5,103	5,698
P3	2,916	3,937	4,228	4,972	5,675	5,879	6,062	6,124	6,838
PM	644	869	934	1,098	1,253	1,298	1,339	1,352	1,510

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	4,692	4,815	5,254	5,390	5,881	6,017	6,447	6,583
P2	5,868	6,022	6,571	6,741	7,356	7,526	8,063	8,233
P3	7,042	7,226	7,885	8,089	8,827	9,031	9,675	9,879
PM	1,555	1,596	1,741	1,786	1,949	1,994	2,137	2,182

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
MATURE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	1000/5000	1000/6000	2000/2000
P1	1,983	2,677	2,875	3,381	3,859	3,998	4,123	4,164	4,650
P2	2,480	3,348	3,596	4,228	4,826	5,000	5,156	5,208	5,816
P3	2,975	4,016	4,314	5,072	5,789	5,998	6,185	6,248	6,976
PM	644	869	934	1,098	1,253	1,298	1,339	1,352	1,510

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
P1	4,789	4,914	5,362	5,501	6,003	6,141	6,580	6,718
P2	5,989	6,145	6,706	6,880	7,507	7,681	8,229	8,402
P3	7,185	7,372	8,044	8,253	9,005	9,214	9,871	10,079
PM	1,555	1,596	1,741	1,786	1,949	1,994	2,137	2,182

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Premium Charge
10%

4. **Background Review Surcharge**
(Occurrence & Standard Claims Made Programs)

Surcharge
25%

5. **Convertible Coverage Rating Rule**
(Standard Claims Made Program)

Charge
100%

6. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

7. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

8. **Disposable Products Rating Rule**
(Occurrence & Standard Claims Made Programs)

Credit
5%

9. **Employed CRNA Rating Rule**
(Occurrence Program)

Limit of Liability	Credit
\$100,000 / \$300,000	67%

10. **Full-Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE per Policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

11. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

12. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

13. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

14. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

15. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
5%

16. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

17. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Healthcare Professional Type	Minimum Premium
All	\$250

18. **Moonlighting Rating Rule**
(Occurrence & Standard Claims Made Programs)

OCCURRENCE

Hours Annually	Credit
0-500	65%
501-1000	50%

CLAIMS MADE

Hours Annually	Credit
0-1000	50%

19. **New to Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Year of Practice after Graduation	Credit
1 st	50%
2 nd	25%

20. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Aggregate Hours Per Year	Credit
1000 or less	50%

21. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

22. **Per Diem Coverage Rating Rule**
(Occurrence Program)

Per Diem Rates Limit: \$1,000,000 / \$3,000,000	
Per Day	\$200
Per Week	\$500
Per Month*	\$1,100

*Up to 31 days

23. **Prior Acts**
(Standard Claims Made Program)

AVAILABLE

24. **Prior Acts Convertible Extended Reporting Coverage Rating Plan**
(Occurrence Program)

AVAILABLE

25. **Prior Acts / Nose Rating Plan**
(Occurrence Program)

AVAILABLE

26. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

27. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

28. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit
Up to 3 Years	5%

29. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)		Per Characteristic Max	Description
1.	Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2.	Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3.	Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4.	Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5.	Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6.	Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7.	Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8.	Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9.	Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10.	Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11.	Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12.	Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%			

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

30. **Shared Vicarious Liability Rating Rule**
(Occurrence & Standard Claims Made Programs)

Total # Individual Contractor Weekly Hours	Surcharge
1-19	5%
20-39	10%
40-59	15%
60-79	20%
80-99	25%
100-119	30%
120-139	35%
140-160	40%
More than 160 hours per week	# of Hours/160 x 40% = Surcharge

31. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

32. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

33. **Slot Rating Rule**
(Occurrence & Standard Claims Made Programs)

Slot Debit
10%

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS C1

Certified Registered Nurse Anesthetist providing professional services.

CLASS CS

Certified Registered Nurse Anesthetist students.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Cook, Madison & Saint Clair
Area2	Champaign, Dupage, Jackson, Kane, Kankakee, Lake, LaSalle, Macon, McHenry, Sangamon, Vermillion & Will counties
Area3	Remainder of State

Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	0.550
1	0.800
2	0.950
3	0.990
4 or more	1.000

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
OCCURRENCE RATES									
Area 1									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	4,044	5,096	5,541	7,037	8,331	8,776	10,030	10,353	10,596
CS	127	160	174	221	261	275	315	325	332

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
OCCURRENCE RATES						
Area 1						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	11,567	11,890	12,942	13,265	14,195	14,519
CS	363	373	406	416	446	456

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	2,181	2,748	2,988	3,794	4,492	4,732	5,408	5,583	5,713

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	6,237	6,411	6,978	7,153	7,654	7,829

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
1 YR SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,172	3,997	4,346	5,519	6,534	6,883	7,866	8,120	8,310

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 1						
1 YR SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,072	9,326	10,150	10,404	11,134	11,387

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
2 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,767	4,746	5,160	6,554	7,760	8,174	9,341	9,643	9,869

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 1						
2 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	10,773	11,074	12,054	12,355	13,221	13,522

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
3 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,925	4,946	5,378	6,830	8,086	8,518	9,735	10,049	10,284

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 1						
3 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	11,227	11,540	12,561	12,875	13,778	14,092

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 1									
MATURE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,965	4,996	5,432	6,899	8,168	8,604	9,833	10,150	10,388

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 1						
MATURE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	11,340	11,657	12,688	13,005	13,917	14,234

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
OCCURRENCE RATES									
Area 2									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,562	4,488	4,880	6,198	7,338	7,730	8,833	9,119	9,332
CS	127	160	174	221	261	275	315	325	332

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
OCCURRENCE RATES						
Area 2						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	10,187	10,471	11,397	11,683	12,502	12,787
CS	363	373	406	416	446	456

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	1,921	2,420	2,631	3,342	3,957	4,168	4,763	4,917	5,032

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	5,493	5,646	6,146	6,300	6,741	6,895

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
1 YR SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	2,794	3,520	3,827	4,861	5,755	6,062	6,928	7,152	7,319

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 2						
1 YR SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	7,990	8,213	8,939	9,163	9,806	10,029

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
2 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,317	4,180	4,545	5,772	6,834	7,199	8,227	8,493	8,692

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 2						
2 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,488	9,753	10,615	10,881	11,644	11,909

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
3 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,457	4,356	4,736	6,015	7,122	7,502	8,573	8,851	9,058

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 2						
3 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,887	10,163	11,062	11,339	12,134	12,411

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 2									
MATURE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,492	4,400	4,784	6,076	7,194	7,578	8,660	8,940	9,149

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 2						
MATURE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,987	10,266	11,174	11,454	12,257	12,536

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
OCCURRENCE RATES									
Area 3									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,370	4,246	4,617	5,864	6,942	7,313	8,358	8,627	8,829
CS	127	160	174	221	261	275	315	325	332

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
OCCURRENCE RATES						
Area 3						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,638	9,908	10,784	11,054	11,829	12,098
CS	363	373	406	416	446	456

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 3 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	1,817	2,290	2,489	3,162	3,743	3,944	4,507	4,652	4,761

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 3 0 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	5,197	5,343	5,815	5,960	6,378	6,524

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 3									
1 YR SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	2,643	3,330	3,621	4,599	5,445	5,736	6,555	6,766	6,925

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 3						
1 YR SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	7,559	7,771	8,458	8,670	9,278	9,489

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 3									
2 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,139	3,955	4,300	5,462	6,466	6,812	7,784	8,035	8,223

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 3						
2 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	8,977	9,228	10,044	10,295	11,017	11,268

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 3									
3 YRS SINCE RETROACTIVE DATE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,271	4,121	4,481	5,692	6,738	7,098	8,112	8,373	8,569

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 3						
3 YRS SINCE RETROACTIVE DATE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,355	9,617	10,467	10,729	11,481	11,742

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS									
Area 3									
MATURE									
Class	100/300	200/600	250/750	500/1000	1000/1000	1000/3000	2000/2000	2000/4000	2000/6000
C1	3,304	4,163	4,526	5,749	6,806	7,170	8,194	8,458	8,656

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS						
Area 3						
MATURE						
Class	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	9,449	9,714	10,573	10,837	11,597	11,861

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Charge
10%

4. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free at Renewal	Credit
3 but less than 5	5%
5 but less than 10	10%
10 or more	20%

5. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

Charge
100%

6. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

7. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

8. **Full Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE Per Policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

9. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

10. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

11. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

12. **Manipulation Under Anesthesia/Manipulation Under Joint Anesthesia**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

13. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

14. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
5%

15. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

16. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Healthcare Professional Type	Minimum Premium
Premium Bearing Insured's Only	\$50

17. **Moonlighting Rating Rule**
(Occurrence & Standard Claims Made Programs)

Credit
60%

18. **New to Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Year of Practice after Graduation	Credit
1 st	75%
2 nd	40%
3 rd	25%
4 th	10%

19. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Hours Per Week	Aggregate Hours Per Year	Credit
0-20	1,040	50%

20. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

21. **Prior Acts Coverage**
(Standard Claims Made Program)

AVAILABLE

22. **Prior Acts / Nose Rating Plan**
(Occurrence Program)

AVAILABLE

23. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

24. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

25. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit	Addtl Credit – if EHR
Up to 3 Years	5%	2.5%

Schedule Rating Plan

(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)	Per Characteristic Max	Description
1. Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7. Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8. Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

26. **Services to Animals**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

27. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

28. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

29. **Slot Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS C1

Individual Chiropractors.

CLASS CS

Individual Chiropractor Students.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Cane, Cook, DuPage, Kendal, Lake, McHenry & Will Counties
Area2	Clinton, Jersey, Monroe, Madison, Randolph, St. Clair & Washington Counties
Area3	Remainder of State

Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	0.654
1	0.975
2	1.062
3 or more	1.082

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,129	2,470	2,597	3,087	3,194	3,257	3,385	3,598
CS	94	110	115	137	141	144	150	159

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,704	3,811	3,939	4,045	4,279	4,386	4,620	4,726
CS	164	169	175	179	190	194	205	209

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	715	829	872	1,037	1,073	1,094	1,137	1,208

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,244	1,280	1,323	1,359	1,437	1,473	1,552	1,587

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,329	1,542	1,621	1,927	1,994	2,033	2,113	2,246

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,312	2,379	2,459	2,525	2,671	2,738	2,884	2,950

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,840	2,134	2,245	2,668	2,760	2,815	2,926	3,110

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,202	3,294	3,404	3,496	3,698	3,790	3,993	4,085

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
3 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,983	2,300	2,419	2,875	2,975	3,034	3,153	3,351

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
3 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,450	3,550	3,669	3,768	3,986	4,085	4,303	4,402

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,044	2,371	2,494	2,964	3,066	3,127	3,250	3,454

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,557	3,659	3,781	3,884	4,108	4,211	4,435	4,538

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,334	2,707	2,847	3,384	3,501	3,571	3,711	3,944
CS	94	110	115	137	141	144	150	159

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	4,061	4,178	4,318	4,435	4,691	4,808	5,065	5,181
CS	164	169	175	179	190	194	205	209

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	784	909	956	1,137	1,176	1,200	1,247	1,325

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,364	1,403	1,450	1,490	1,576	1,615	1,701	1,740

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,456	1,689	1,776	2,111	2,184	2,228	2,315	2,461

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,533	2,606	2,694	2,766	2,927	2,999	3,160	3,232

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,016	2,339	2,460	2,923	3,024	3,084	3,205	3,407

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,508	3,609	3,730	3,830	4,052	4,153	4,375	4,476

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
3 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,173	2,521	2,651	3,151	3,260	3,325	3,455	3,672

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
3 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,781	3,890	4,020	4,129	4,368	4,476	4,715	4,824

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,240	2,598	2,733	3,248	3,360	3,427	3,562	3,786

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,898	4,010	4,144	4,256	4,502	4,614	4,861	4,973

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 3								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	2,047	2,375	2,497	2,968	3,071	3,132	3,255	3,459
CS	94	110	115	137	141	144	150	159

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 3								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,562	3,664	3,787	3,889	4,114	4,217	4,442	4,544
CS	164	169	175	179	190	194	205	209

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 3 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	688	798	839	998	1,032	1,053	1,094	1,163

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 3 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	1,197	1,232	1,273	1,307	1,383	1,417	1,493	1,527

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,277	1,481	1,558	1,852	1,916	1,954	2,030	2,158

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	2,222	2,286	2,362	2,426	2,567	2,631	2,771	2,835

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,769	2,052	2,158	2,565	2,654	2,707	2,813	2,990

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,078	3,167	3,273	3,361	3,556	3,644	3,839	3,927

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
3 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,906	2,211	2,325	2,764	2,859	2,916	3,031	3,221

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
3 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,316	3,412	3,526	3,621	3,831	3,926	4,136	4,231

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
C1	1,965	2,279	2,397	2,849	2,948	3,006	3,124	3,321

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 3								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
C1	3,419	3,517	3,635	3,734	3,950	4,048	4,264	4,362

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Programs)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Charge
10%

4. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

Charge
100%

5. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

6. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

7. **Full-Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE per policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

8. **Group Size Credit Rule**
(Occurrence & Standard Claims Made Programs)

Group Size	Credit
2-9	4%
10-14	8%
15-200	12%

9. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

10. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

11. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

12. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

13. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
5%

14. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

15. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Premium
\$50

Note: Minimum Premium Rating rule does not apply to Class OS.

16. **Moonlighting Rating Rule**
(Occurrence & Standard Claims Made Programs)

Eligible Insureds	Credit
Class O1 or O2	60%

17. **New to Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Eligible Insureds	Year of Practice after Graduation	Credit
Class O1 or O2	1 st	25%

18. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Eligible Insureds	Hours Per Week	Aggregate Hours Per Year	Credit
Class O1 or O2	0-20	1040	25%

19. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

20. **Prior Acts**
(Standard Claims Made Program)

AVAILABLE

21. **Prior Acts / Nose Rating Plan**
(Occurrence Program)

AVAILABLE

22. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

23. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

24. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit	Addtl Credit – if EHR
Up to 3 Years	5%	2.5%

25. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)	Per Characteristic Max	Description
1. Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7. Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8. Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack) of (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

26. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

27. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

28. **Slot Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS O1

Optometrists.

CLASS O2

Ophthalmic Technologists.

CLASS O3

Opticians.

CLASS O4

Optometric Technicians.

CLASS O5

Employed Ophthalmic Technologists.

CLASS O6

Employed Opticians.

CLASS OS

Students.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Cook County
Area2	Remainder of State

Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	0.900
1	1.300
2	1.550
3 or more	1.700

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	572	606	635	709	738	852	887	972
O2	538	570	597	667	694	802	834	915
O3	359	381	398	445	463	535	556	610
O4	102	108	113	126	132	152	158	173
O5	269	285	299	334	347	401	417	457
O6	180	191	200	223	232	268	279	306
OS	16	17	18	20	21	24	25	27

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	1,001	1,030	1,104	1,133	1,247	1,276	1,401	1,430
O2	942	968	1,038	1,065	1,173	1,200	1,318	1,345
O3	628	646	693	711	783	801	880	898
O4	179	184	197	202	222	227	250	255
O5	471	484	519	533	586	600	659	673
O6	315	324	347	356	392	401	441	450
OS	28	29	31	32	35	36	40	40

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	190	201	211	236	245	283	295	323
O2	179	190	199	222	231	267	277	304
O3	119	126	132	148	154	177	184	202
O4	34	36	38	42	44	51	53	58
O5	90	95	100	112	116	134	140	153
O6	60	64	67	74	77	89	93	102

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	333	342	367	376	414	424	466	475
O2	313	322	345	354	390	399	439	448
O3	208	214	230	236	259	265	292	298
O4	60	61	66	67	74	76	83	85
O5	158	162	174	178	196	201	221	225
O6	105	108	116	119	131	134	147	150

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	326	346	362	404	421	486	505	554
O2	307	325	341	381	396	457	476	522
O3	205	217	228	254	264	305	318	349
O4	58	61	64	72	75	86	90	99
O5	154	163	171	191	199	229	239	262
O6	103	109	114	128	133	153	160	175

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	571	587	629	645	711	727	799	815
O2	537	553	593	608	669	685	752	768
O3	359	369	396	406	447	457	502	513
O4	102	104	112	115	126	129	142	145
O5	270	277	297	305	336	343	377	385
O6	180	185	199	204	225	230	252	258

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	408	432	453	506	526	608	632	694
O2	384	407	426	476	495	572	595	653
O3	256	271	284	317	330	381	397	435
O4	73	77	81	91	94	109	113	124
O5	192	204	213	238	248	286	298	326
O6	128	136	142	159	165	191	198	218

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	714	734	787	808	889	910	1,000	1,020
O2	672	691	741	760	837	856	941	960
O3	448	461	494	507	558	571	627	640
O4	128	131	141	145	159	163	179	183
O5	336	346	371	380	419	428	470	480
O6	224	230	247	253	279	285	314	320

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
3 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	462	490	513	573	596	688	716	785
O2	435	461	483	539	561	648	674	740
O3	290	307	322	360	374	432	450	493
O4	82	87	91	102	106	122	127	139
O5	218	231	242	270	281	325	338	371
O6	145	154	161	180	187	216	225	247

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
3 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	809	832	892	915	1,007	1,030	1,132	1,155
O2	761	783	840	861	948	970	1,066	1,088
O3	508	522	560	574	632	647	711	725
O4	144	148	158	162	179	183	201	205
O5	382	392	421	432	475	486	534	545
O6	254	261	280	287	316	323	355	363

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	544	577	604	675	702	811	843	925
O2	512	543	568	635	660	763	794	870
O3	341	361	379	423	440	508	529	580
O4	97	103	108	120	125	145	150	165
O5	256	271	284	317	330	381	397	435
O6	171	181	190	212	221	255	265	291

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	952	979	1,050	1,077	1,186	1,213	1,333	1,360
O2	896	922	988	1,014	1,116	1,142	1,254	1,280
O3	597	614	658	675	743	760	835	853
O4	170	175	187	192	211	216	238	243
O5	448	461	494	507	558	571	627	640
O6	299	308	330	339	373	381	419	428

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	360	382	400	446	464	536	558	612
O2	339	359	376	420	437	505	525	576
O3	226	240	251	280	292	337	350	384
O4	64	68	71	79	83	95	99	109
O5	170	180	189	211	219	253	264	289
O6	113	120	125	140	146	168	175	192
OS	16	17	18	20	21	24	25	27

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	630	648	695	713	785	803	882	900
O2	593	610	654	671	739	756	831	848
O3	396	407	436	447	493	504	554	565
O4	112	115	124	127	140	143	157	160
O5	298	306	328	337	371	379	417	425
O6	198	203	218	224	246	252	277	283
OS	28	29	31	32	35	36	40	40

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	120	127	133	149	155	179	186	204
O2	113	120	125	140	146	168	175	192
O3	75	80	83	93	97	112	116	128
O4	21	22	23	26	27	31	33	36
O5	56	59	62	69	72	83	87	95
O6	37	39	41	46	48	55	57	63

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	210	216	232	238	262	268	294	300
O2	198	203	218	224	246	252	277	283
O3	131	135	145	149	164	167	184	188
O4	37	38	41	42	46	47	51	53
O5	98	101	108	111	122	125	137	140
O6	65	67	71	73	81	83	91	93

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	205	217	228	254	264	305	318	349
O2	193	205	214	239	249	288	299	328
O3	128	136	142	159	165	191	198	218
O4	37	39	41	46	48	55	57	63
O5	97	103	108	120	125	145	150	165
O6	64	68	71	79	83	95	99	109

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	359	369	396	406	447	457	502	513
O2	338	347	372	382	421	430	473	483
O3	224	230	247	253	279	285	314	320
O4	65	67	71	73	81	83	91	93
O5	170	175	187	192	211	216	238	243
O6	112	115	124	127	140	143	157	160

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	257	272	285	319	332	383	398	437
O2	242	257	269	300	312	361	375	411
O3	161	171	179	200	208	240	250	274
O4	46	49	51	57	59	69	71	78
O5	121	128	134	150	156	180	188	206
O6	80	85	89	99	103	119	124	136

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	450	463	496	509	560	573	630	643
O2	424	436	467	479	528	540	593	605
O3	282	290	311	319	351	359	394	403
O4	81	83	89	91	100	103	113	115
O5	212	218	234	240	264	270	296	303
O6	140	144	154	158	174	178	196	200

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
3 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	291	308	323	361	375	434	451	495
O2	274	290	304	340	353	408	425	466
O3	182	193	202	226	235	271	282	309
O4	52	55	58	64	67	77	81	88
O5	137	145	152	170	177	204	212	233
O6	91	96	101	113	117	136	141	155

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
3 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	509	524	562	576	634	649	713	728
O2	480	493	529	543	597	611	671	685
O3	319	328	351	360	397	406	446	455
O4	91	94	100	103	113	116	127	130
O5	240	247	264	271	299	306	336	343
O6	159	164	176	180	198	203	223	228

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
O1	342	363	380	424	441	510	530	581
O2	322	341	357	399	415	480	499	547
O3	214	227	238	265	276	319	332	364
O4	61	65	68	76	79	91	95	104
O5	161	171	179	200	208	240	250	274
O6	107	113	119	133	138	159	166	182

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
O1	599	616	660	677	746	763	838	855
O2	564	580	621	638	702	718	789	805
O3	375	385	413	424	467	477	524	535
O4	107	110	118	121	133	136	149	153
O5	282	290	311	319	351	359	394	403
O6	187	193	207	212	233	239	262	268

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Charge
10%

4. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free at Renewal	Credit
3 but less than 5	5%
5 but less than 10	10%
10 or more	15%

5. **Convertible Coverage Rating Plan**
(Standard Claims Made Program)

Charge
100%

6. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

7. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

8. **Full Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

FTE Per Policy	Premium Modification
1-4	0.0%
5-9	-2.0%
10-14	-5.0%
15-24	-10.0%
25 +	-15.0%

9. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

10. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

11. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

12. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

13. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
5%

14. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

15. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Healthcare Professional Type	Minimum Premium
Premium Bearing Insured's Only	\$50

16. **Moonlighting Rating Rule**
(Occurrence & Standard Claims Made Programs)

Credit
60%

17. **New to Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Year of Practice after Graduation	Credit
1 st	75%
2 nd	50%
3 rd	35%
4 th	15%

18. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Hours Per Week	Aggregate Hours Per Year	Credit
0-10	520	50%
11-20	1,040	25%

19. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
5%	Available	Available

20. **Prior Acts Coverage**
(Standard Claims Made Program)

AVAILABLE

21. **Prior Acts / Nose Rating Plan**
(Occurrence Program)

AVAILABLE

22. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

23. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

24. **Residency Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
75%

25. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit	Addtl Credit – if EHR
Up to 3 Years	10%	2.5%

26. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)	Per Characteristic Max	Description
1. Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7. Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8. Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

27. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

28. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

29. **Slot Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

CLASS F1

Independently Contracting Podiatrists performing non-surgical procedures. Non-surgical procedures for the purposes of classification shall include; local anesthetic injections, therapeutic injections, surgical procedures involving the nails, excision of skin lesions, and the treatment of abscesses or ulcers.

CLASS F2

Independently Contracting Podiatrists performing surgical procedures or assisting in surgical procedures requiring anesthesia.

CLASS F3

Employed Podiatrists performing non-surgical procedures. Non-surgical procedures for the purposes of classification shall include; local anesthetic injections, therapeutic injections, surgical procedures involving the nails, excision of skin lesions, and the treatment of abscesses or ulcers.

CLASS F4

Employed Podiatrists performing surgical procedures or assisting in surgical procedures requiring anesthesia.

CLASS FS

Podiatric Students.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Cook County
Area2	Remainder of State

Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	1.000
1	1.550
2	1.750
3 or more	1.800

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	6,901	8,281	8,902	9,661	9,937	10,697	11,732	13,595
F2	10,001	12,001	12,901	14,001	14,401	15,502	17,002	19,702
F3	5,176	6,211	6,677	7,246	7,453	8,023	8,799	10,197
F4	7,501	9,001	9,676	10,501	10,801	11,627	12,752	14,777
FS	147	177	190	206	212	228	250	290

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 1								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	14,078	14,423	16,907	17,322	20,634	21,048	24,706	25,120
F2	20,402	20,902	24,502	25,103	29,903	30,503	35,804	36,404
F3	10,559	10,818	12,681	12,992	15,476	15,787	18,530	18,841
F4	15,302	15,677	18,377	18,828	22,428	22,878	26,854	27,304
FS	300	307	360	369	440	449	527	535

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	2,622	3,146	3,382	3,671	3,776	4,064	4,457	5,165
F2	3,801	4,561	4,903	5,321	5,473	5,892	6,462	7,488
F3	1,967	2,360	2,537	2,754	2,832	3,049	3,344	3,875
F4	2,851	3,421	3,678	3,991	4,105	4,419	4,847	5,616

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 1 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	5,349	5,480	6,424	6,581	7,840	7,997	9,387	9,544
F2	7,754	7,944	9,312	9,541	11,365	11,593	13,608	13,836
F3	4,013	4,111	4,819	4,937	5,881	5,999	7,042	7,160
F4	5,816	5,959	6,985	7,156	8,524	8,696	10,207	10,378

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	3,934	4,721	5,075	5,508	5,665	6,098	6,688	7,750
F2	5,701	6,841	7,354	7,981	8,209	8,837	9,692	11,231
F3	2,950	3,540	3,806	4,130	4,248	4,573	5,015	5,812
F4	4,276	5,131	5,516	5,986	6,157	6,628	7,269	8,424

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,025	8,222	9,638	9,874	11,763	11,999	14,084	14,320
F2	11,630	11,915	13,967	14,310	17,046	17,388	20,410	20,752
F3	6,018	6,166	7,228	7,405	8,821	8,998	10,561	10,738
F4	8,723	8,937	10,476	10,733	12,785	13,042	15,308	15,565

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	5,573	6,688	7,189	7,802	8,025	8,638	9,474	10,979
F2	8,077	9,692	10,419	11,308	11,631	12,519	13,731	15,912
F3	4,179	5,015	5,391	5,851	6,018	6,477	7,104	8,233
F4	6,058	7,270	7,815	8,481	8,724	9,390	10,299	11,934

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	11,369	11,648	13,654	13,988	16,663	16,998	19,951	20,286
F2	16,477	16,881	19,789	20,273	24,150	24,635	28,916	29,400
F3	8,525	8,734	10,239	10,489	12,495	12,746	14,961	15,212
F4	12,358	12,661	14,842	15,206	18,113	18,477	21,688	22,051

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	6,556	7,867	8,457	9,178	9,441	10,162	11,145	12,915
F2	9,502	11,402	12,258	13,303	13,683	14,728	16,153	18,719
F3	4,917	5,900	6,343	6,884	7,080	7,621	8,359	9,686
F4	7,127	8,552	9,194	9,978	10,263	11,047	12,116	14,040

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 1								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	13,374	13,702	16,062	16,456	19,602	19,996	23,470	23,864
F2	19,384	19,859	23,280	23,850	28,411	28,981	34,017	34,587
F3	10,031	10,277	12,047	12,342	14,702	14,997	17,603	17,898
F4	14,539	14,895	17,461	17,889	21,310	21,737	25,515	25,942

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	4,379	5,255	5,649	6,131	6,306	6,787	7,444	8,627
F2	6,346	7,615	8,186	8,884	9,138	9,836	10,788	12,502
F3	3,284	3,941	4,236	4,598	4,729	5,090	5,583	6,469
F4	4,760	5,712	6,140	6,664	6,854	7,378	8,092	9,377
FS	147	177	190	206	212	228	250	290

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES Area 2								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,933	9,152	10,729	10,991	13,093	13,356	15,677	15,940
F2	12,946	13,263	15,548	15,928	18,975	19,355	22,719	23,099
F3	6,699	6,864	8,046	8,243	9,819	10,016	11,757	11,954
F4	9,710	9,948	11,662	11,948	14,232	14,518	17,041	17,326
FS	300	307	360	369	440	449	527	535

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	1,664	1,997	2,147	2,330	2,396	2,579	2,829	3,278
F2	2,412	2,894	3,111	3,377	3,473	3,739	4,100	4,752
F3	1,248	1,498	1,610	1,747	1,797	1,934	2,122	2,459
F4	1,809	2,171	2,334	2,533	2,605	2,804	3,075	3,564

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES Area 2 0 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	3,395	3,478	4,077	4,177	4,975	5,075	5,957	6,057
F2	4,920	5,041	5,909	6,054	7,212	7,357	8,635	8,780
F3	2,546	2,608	3,058	3,132	3,732	3,806	4,468	4,543
F4	3,690	3,781	4,432	4,541	5,409	5,517	6,476	6,585

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	2,496	2,995	3,220	3,494	3,594	3,869	4,243	4,917
F2	3,617	4,340	4,666	5,064	5,208	5,606	6,149	7,125
F3	1,872	2,246	2,415	2,621	2,696	2,902	3,182	3,688
F4	2,713	3,256	3,500	3,798	3,907	4,205	4,612	5,345

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
1 YR SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	5,092	5,217	6,115	6,265	7,463	7,613	8,936	9,085
F2	7,379	7,560	8,862	9,079	10,815	11,032	12,949	13,166
F3	3,819	3,912	4,586	4,699	5,597	5,710	6,702	6,814
F4	5,535	5,670	6,647	6,810	8,112	8,275	9,713	9,875

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	3,536	4,243	4,561	4,950	5,092	5,481	6,011	6,966
F2	5,125	6,150	6,611	7,175	7,380	7,944	8,713	10,096
F3	2,652	3,182	3,421	3,713	3,819	4,111	4,508	5,224
F4	3,844	4,613	4,959	5,382	5,535	5,958	6,535	7,573

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
2 YRS SINCE RETROACTIVE DATE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	7,213	7,390	8,663	8,875	10,573	10,785	12,659	12,871
F2	10,455	10,711	12,556	12,864	15,324	15,631	18,348	18,655
F3	5,410	5,543	6,497	6,657	7,929	8,089	9,494	9,653
F4	7,842	8,034	9,418	9,648	11,494	11,724	13,762	13,992

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	100/300	200/600	250/750	500/1000	500/1500	1000/1000	1000/3000	2000/2000
F1	4,160	4,992	5,366	5,824	5,990	6,448	7,072	8,195
F2	6,029	7,235	7,777	8,441	8,682	9,345	10,249	11,877
F3	3,120	3,744	4,025	4,368	4,493	4,836	5,304	6,146
F4	4,522	5,426	5,833	6,331	6,512	7,009	7,687	8,908

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS								
Area 2								
MATURE								
Class	2000/4000	2000/6000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
F1	8,486	8,694	10,192	10,442	12,438	12,688	14,893	15,142
F2	12,299	12,601	14,771	15,133	18,027	18,388	21,584	21,946
F3	6,365	6,521	7,644	7,831	9,329	9,516	11,170	11,357
F4	9,225	9,451	11,079	11,350	13,521	13,792	16,189	16,460

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Accelerated Extension Contract Rating Rule**
(Standard Claims Made Program)

AVAILABLE

2. **Additional Insured Contractual Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$160 per policy

3. **Additional Insured Shared Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$160

4. **Aggregate Credit Rule**
(Occurrence & Standard Claims Made Programs)

Max Available Credit
50%

5. **Deductible Rating Plan**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

6. **Deferred Premium Payment Plan**
(Occurrence & Standard Claims Made Programs)

Refer to Quarterly Installment Option rule

7. **Full-Time Equivalency Rating Rule**
(Occurrence & Standard Claims Made Programs)

Shared Limit FTE Rating	Separate Limit FTE Rating
Available	10% Debit

8. **Group Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

9. **Group Size Credit Rule**
(Occurrence & Standard Claims Made Programs)

Group Size	Credit
2-9	4%
10-14	8%
15 or more	12%

Note: Class 1 or 31 (College Program) insureds are not eligible for this credit.

10. **Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
50%

Note: Employed insureds in rating class 3-19 are not eligible for this credit.

11. **Locum Tenens**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

12. **Medical Director Rating Rule**
(Occurrence & Standard Claims Made Programs)

Premium Charge
\$500

13. **Membership Association Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
10%

14. **Military Leave of Absence Credit Rule**
(Occurrence & Standard Claims Made Programs)

Credit
100%

15. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Rating Class	Premium
3-19*	\$25 per insured
All others	\$75 per insured

*Specific to Employed insureds only, as identified in the Class Plan.

16. **New to Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Year of Practice after Graduation	Credit
1 st	50%

17. **Organizational Structure Rating Rule**
(Occurrence & Standard Claims Made Programs)

Category	Description	Debit
Registry/Staffing	Firms that provide staffing to other facilities, firms or locations	25%
Background Check	Firms not performing background checks on their employees or independent contractors	10%
Nursing Home / Assisted Living/ LTC	Firms that do more than 50% staffing of nursing home facilities or assisted living or long term care centers	25%
High Tech / Critical Care	Firms performing high tech (ie: Trach care, ventilator care, chemotherapy, etc) or critical care.	25%

18. **Part Time Practice Credit Rule**
(Occurrence & Standard Claims Made Programs)

Hours Per Week	Aggregate Hours Per Year	Credit
24	1,250	50%

19. **Partnership / Corporation Rating Rule**
(Occurrence & Standard Claims Made Programs)

Partnership/Corporation Charge	Solo Corporation	Named Insured Entity(ies) Shared Limits
10%	Available	Available

20. **Prior Acts**
(Standard Claims Made Program)

AVAILABLE

21. **Prior Acts / Nose Rating Plan**
(Occurrence Program)

AVAILABLE

22. **Quarterly Installment Option**
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts. Installments are not available for Extension Contract Premium.

23. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

24. **Risk Management Credit Rule**
(Occurrence & Standard Claims Made Programs)

Duration	Credit
Up to 3 years	10%

25. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)	Per Characteristic Max	Description
1. Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7. Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8. Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack) of (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record-Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

26. **Shared Limit Entity Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

27. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

Charge
\$160

28. **Slot Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

29. **Supervising Physician Coverage Rating Rule**
(Occurrence & Standard Claims Made Programs)

Full Time	Part Time	
	11-20 hours	10 hours or less
\$14,000	\$7,700	\$4,200

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each individual insured.

Class 1 (Employed) & Class 2 (Self Employed)

- Student (Excl Acupuncturist, CRNA, Nurse Practitioner, Physician Or Surgical Assistants)

Class 3 (Employed) & Class 4 (Self Employed)

- Dental Assistant
- Geriatric Nursing Assistant
- Laboratory Aide
- Healthcare Aide (Licensed) - Not Otherwise Classified
- Physical Therapy Aide

Class 5 (Employed) & Class 6 (Self Employed)

- Interpreter for the Deaf

Class 7 (Employed) & Class 8 (Self Employed)

- Dental Hygienist

Class 9 (Employed) & Class 10 (Self Employed)

- Anesthesia Technician
- Anesthesia Technologist
- Physical Therapy Assistant
- Rehabilitation Assistant

Class 11 (Employed) & Class 12 (Self Employed)

- EMT - Volunteer
- Caregiver / Home Healthcare Professional
- Healthcare Aide (Non-Licensed) - Not Otherwise Classified
- Healthcare Specialty Assistant - Not Otherwise Classified (Excl L&D, Surgical)
- Home Health Aide
- Nurses Aide
- Nursing Assistant

Class 13 (Employed) & Class 14 (Self Employed)

- Occupational Therapist Assistant - Certified
- CPR Trainer
- Drama Therapist
- Occupational Therapist Assistant

Class 15 (Employed) & Class 16 (Self Employed)

- Speech Pathologist
- Audiologist (Excluding IONM)
- Hearing Therapist
- Speech Therapist

Class 17 (Employed) & Class 18 (Self Employed)

- Orthopedic Technician

Class 19 (Employed) & Class 20 (Self Employed)

- Lactation Consultant / IBCLC
- Lactation Counselor

Class 21 (Employed) & Class 22 (Self Employed)

- Biomedical Technician
- Biomedical Technologist
- Blood Bank Technician
- Blood Bank Technologist
- Cardiology Technician
- Cardiology Technologist
- Lab Technician - Certified
- Lab Technologist - Certified
- Medical Assistant - Certified
- Clinical Laboratory Technician
- Pharmacy Technician / Technologist
- Clinical Laboratory Technologist
- Community Health Assistant
- Community Health Technician
- Community Health Technologist
- Diagnostic Medical Sonographer
- Dialysis Technician
- Dialysis Technologist
- EEG / Electroneurodiagnostic Technologist / Technician
- EKG / Electrocardiograph Technician / Technologist
- Electrologist
- Evoked Potential (EVT) Technologist
- Histologic Technician
- Histologic Technologist
- Medical Technician
- Medical (Office) Assistant
- Medical Laboratory Technician / Technologist
- Medical Records Administrator
- Medical Records Technician
- Medical Technician Assistant
- Medical Technologist
- Mental Retardation Worker
- Nerve Conduction Studies (NCS) Technologist
- Nuclear Medical Technician
- Nuclear Medical Technologist
- Pathology Assistant
- Phlebotomist
- Polysomnographic Sleep Technician
- Radiation Therapist
- Radiation Therapy Technologist
- Surgical Technician / Technologist

Class 21 (Employed) & Class 22 (Self Employed) - Continued

- X-Ray Technician / Technologist
- Radiological Technician / Technologist - Not Otherwise Classified
- Sonographic Technician / Technologist - Not Otherwise Classified
- Medical Technician Assistant - Not Otherwise Classified
- Medical Technologist Assistant - Not Otherwise Classified
- Medical Technologist Assistant

Class 23 (Employed) & Class 24 (Self Employed)

- Art Therapist
- Chiropractic Assistant
- Clinical Nurse Specialist - No Prescriptive Authority
- Dance Therapist
- Dietician
- Horticultural Therapist
- Music Therapist
- Navigator
- Nutritionist
- Occupational Therapist
- Podiatric Assistant
- Recreation Therapist
- Respiratory Care Provider
- Respiratory Therapist
- Respiratory Therapy Assistant / Technician / Technologist
- Registered Nurse/Licensed Practical Nurse/Licensed Vocational Nurse - Not Otherwise Classified (Excl. Labor & Delivery & Surgical)

Class 25 (Employed) & Class 26 (Self Employed)

- Pedorthist

Class 27 (Employed) & Class 28 (Self Employed)

- Counselor - Alcohol / Drug
- Case Manager
- Counselor - Clinical
- Counselor - Rehabilitation
- Counselor - Marriage / Family
- Counselor - Pastoral
- Counselor - School
- Life Care Planner
- Social Worker - Clinical
- Counselor - Not Otherwise Classified

Class 29 (Employed) & Class 30 (Self Employed)

- Pharmacist
- Medical Dosimetrist
- Postpartum Care Provider / Doula

Class 31 (Employed) & Class 32 (Self Employed)

- Student – Acupuncturist

Class 33 (Employed) & Class 34 (Self Employed)

- Retail Druggist
- Intensive Care Unit/Continuous EEG (ICU/cEEG) Specialist
- Long-Term Monitoring for Epilepsy (LTME) Specialist

Class 35 (Employed) & Class 36 (Self Employed)

- Corrective Therapist
- Kinesiotherapist
- Nurse Surgical Assistants (Excluding NP's & DNP's)
- Physical Therapist
- Rehabilitation Therapist
- Sports Medicine Therapist
- Physical Rehabilitation Therapists - Not Otherwise Classified

Class 37 (Employed) & Class 38 (Self Employed)

- EMT - Basic Certified
- EMT - Intermediate Certified

Class 39 (Employed) & Class 40 (Self Employed)

- Circulation Technician / Technologist
- Exercise Physiologist
- Fitness Professional
- Health Educator / Wellness Counselor
- Kinesiologist
- Personal Trainer - Certified
- Sports Medicine Instructor

Class 41 (Employed) & Class 42 (Self Employed)

- Audiologist (Including IONM interpretation/non-supervisory)

Class 43 (Employed) & Class 44 (Self Employed)

- EMT - Paramedic Certified

Class 45 (Employed) & Class 46 (Self Employed)

- Enterostomal Therapist
- Orthopedic Assistant

Class 47 (Employed) & Class 48 (Self Employed)

- Orthotist / Prosthetist
- Nurse Educator / RN / LPN
- Legal Nurse Consultant / RN / LPN

Class 49 (Employed) & Class 50 (Self Employed)

- Heller Worker
- Massage Therapist
- Rolfer
- Structural Body Worker

Class 51 (Employed) & Class 52 (Self Employed)

- Athletic Trainer

Class 53 (Employed) & Class 54 (Self Employed)

- Psychologist
- Psychotherapist

Class 55 (Employed) & Class 56 (Self Employed)

- Clinical Nurse Specialist - Educator
- Clinical Nurse Specialist - Consultant
- Clinical Nurse Specialist - Administrator
- Clinical Nurse Specialist - Researcher
- Clinical Nurse Specialist - Not Otherwise Classified
- Interoperative Neuromonitoring (IONM) Technologist, Supervised
- Colon Hydrotherapist

Class 57 (Employed) & Class 58 (Self Employed)

- Acupuncturist
- Autotransfusionist

Class 59 (Employed) & Class 60 (Self Employed)

- Registered Nurse - Cosmetic Procedures
- Licensed Practicing Nurse - Cosmetic Procedures
- Licensed Vocational Nurse - Cosmetic Procedures
- Clinical Nurse Specialist - Cosmetic Procedures
- Interoperative Neuromonitoring (IONM) Technologist, Unsupervised
- Perfusionist
- Esthetician

Class 61 (Employed) & Class 62 (Self Employed)

- Anesthesia Assistant

Class 63 (Employed) & Class 64 (Self Employed)

- Naturopath
- Radiology Assistant - Registered

Class 65 (Employed) & Class 66 (Self Employed)

- Clinical Research Associate

Class 67 (Employed) & Class 68 (Self Employed)

- Clinical Research Coordinator

Rating for Optician, Optometric Technician and Ophthalmic Technologist specialties, please refer to Section V- Optometrists Program.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Entire State
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Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EFFECTIVE DATE	FACTOR
0	0.920
1	1.430
2	1.700
3 or more	1.870

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Employed) RATES									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	19	20	21	21	21	23	24	25	28
3	57	58	61	63	63	67	70	74	83
5	42	43	45	47	47	50	52	54	62
7	43	44	47	48	48	51	53	56	64
9	53	54	58	59	59	63	66	69	78
11	57	58	61	63	63	67	70	74	83
13	57	58	61	63	63	67	70	74	83
15	57	58	61	63	63	67	70	74	83
17	57	58	61	63	63	67	70	74	83
19	73	74	78	81	81	86	90	94	107
21	65	66	70	73	73	78	81	85	96
23	65	66	70	73	73	78	81	85	96
25	73	74	79	81	81	87	91	95	108
27	80	81	86	89	89	95	99	104	117
29	93	95	101	104	104	111	115	121	137
31	100	102	108	111	111	119	123	130	147
33	100	102	108	111	111	119	123	130	147
35	105	106	113	116	116	124	129	136	154
37	106	108	114	118	118	126	131	138	156
39	110	112	119	122	122	131	136	143	162
41	900	914	971	999	999	1,069	1,111	1,168	1,322
43	117	119	127	130	130	139	145	152	172
45	128	130	138	142	142	152	158	166	188
47	122	124	132	135	135	145	151	158	179
49	142	144	153	158	158	169	175	184	209
51	147	149	158	163	163	174	181	190	215
53	277	281	298	307	307	329	342	359	406
55	376	381	405	417	417	446	463	487	551
57	515	523	555	571	571	611	635	668	756
59	600	609	647	666	666	713	741	779	881
61	4,878	4,951	5,258	5,412	5,412	5,792	6,019	6,326	7,159
63	2,934	2,978	3,163	3,255	3,255	3,484	3,620	3,805	4,307
65	260	264	280	289	289	309	321	337	382
67	560	569	604	622	622	665	691	727	822

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Employed) RATES									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	29	29	30	30	31	31	35	35	36
3	84	85	87	89	90	91	102	104	104
5	62	63	64	66	67	68	75	77	77
7	64	65	66	68	69	70	78	79	80
9	79	80	82	83	85	86	96	98	98
11	84	85	87	89	90	91	102	104	104
13	84	85	87	89	90	91	102	104	104
15	84	85	87	89	90	91	102	104	104
17	84	85	87	89	90	91	102	104	104
19	108	109	111	114	116	117	131	133	134
21	97	98	100	102	104	105	117	119	120
23	97	98	100	102	104	105	117	119	120
25	109	110	112	115	117	118	132	134	135
27	119	120	123	125	128	129	144	146	147
29	139	140	143	146	149	150	168	171	172
31	149	150	153	156	159	161	180	183	184
33	149	150	153	156	159	161	180	183	184
35	155	157	160	164	167	168	188	191	193
37	157	159	162	166	169	171	190	194	195
39	163	165	168	172	175	177	198	201	203
41	1,337	1,350	1,378	1,407	1,435	1,449	1,617	1,646	1,659
43	174	176	180	183	187	189	211	215	216
45	190	192	196	200	204	206	230	234	236
47	181	183	187	191	195	196	219	223	225
49	211	213	217	222	226	229	255	260	262
51	218	220	225	229	234	236	264	268	270
53	411	415	424	432	441	445	497	506	510
55	557	563	575	587	598	604	674	686	692
57	764	772	788	804	821	828	925	941	949
59	891	900	919	938	957	966	1,078	1,097	1,106
61	7,240	7,313	7,467	7,620	7,774	7,847	8,761	8,915	8,988
63	4,355	4,399	4,491	4,584	4,676	4,720	5,270	5,362	5,406
65	386	390	398	406	415	418	467	475	479
67	832	840	858	875	893	901	1,006	1,024	1,032

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Employed) RATES								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	36	36	39	40	43	44	47	47
3	105	106	114	116	126	128	137	139
5	78	79	85	86	94	95	101	103
7	81	81	87	89	97	98	105	106
9	99	100	108	109	119	121	129	130
11	105	106	114	116	126	128	137	139
13	105	106	114	116	126	128	137	139
15	105	106	114	116	126	128	137	139
17	105	106	114	116	126	128	137	139
19	135	136	147	149	162	164	175	178
21	122	123	132	134	146	148	158	160
23	122	123	132	134	146	148	158	160
25	136	138	148	150	164	166	177	179
27	149	150	161	164	179	181	193	196
29	174	175	188	191	208	211	225	228
31	186	188	202	205	223	226	242	245
33	186	188	202	205	223	226	242	245
35	195	196	211	214	234	237	253	256
37	197	199	214	217	237	240	256	259
39	205	206	222	225	246	249	266	269
41	1,674	1,688	1,816	1,844	2,009	2,037	2,174	2,202
43	218	220	237	240	262	266	283	287
45	238	240	258	262	286	290	309	313
47	227	229	246	250	272	276	295	298
49	264	266	286	291	317	321	343	347
51	273	275	296	301	327	332	354	359
53	515	519	558	567	618	626	668	677
55	698	704	757	769	838	850	906	918
57	957	965	1,038	1,055	1,149	1,165	1,243	1,259
59	1,116	1,125	1,211	1,229	1,339	1,358	1,449	1,468
61	9,068	9,141	9,836	9,990	10,882	11,035	11,774	11,928
63	5,455	5,499	5,917	6,009	6,546	6,638	7,082	7,175
65	484	488	525	533	580	589	628	636
67	1,042	1,050	1,130	1,147	1,250	1,268	1,352	1,370

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Employed) RATES 0 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	6	6	6	7	7	7	7	8	9
3	18	18	19	20	20	21	22	23	26
5	13	14	14	15	15	16	16	17	20
7	14	14	15	16	16	17	17	18	21
9	17	18	19	19	19	21	21	22	25
11	18	18	19	20	20	21	22	23	26
13	18	18	19	20	20	21	22	23	26
15	18	18	19	20	20	21	22	23	26
17	18	18	19	20	20	21	22	23	26
19	23	24	25	26	26	28	29	30	34
21	21	21	22	23	23	25	26	27	30
23	21	21	22	23	23	25	26	27	30
25	23	24	25	26	26	28	29	30	34
27	25	26	27	28	28	30	31	33	37
29	30	30	32	33	33	36	37	39	44
31	32	32	35	36	36	38	40	42	47
33	32	32	35	36	36	38	40	42	47
35	33	34	36	37	37	40	41	43	49
37	34	35	37	38	38	40	42	44	50
39	35	36	38	39	39	42	44	46	52
41	288	292	311	320	320	342	356	374	423
43	37	38	40	41	41	44	46	48	55
45	41	41	44	45	45	48	50	53	60
47	39	39	42	43	43	46	48	50	57
49	45	46	49	50	50	54	56	59	67
51	47	47	50	52	52	55	58	61	69
53	89	90	96	98	98	105	109	115	130
55	120	122	129	133	133	143	148	156	176
57	165	167	178	183	183	196	203	214	242
59	192	195	207	213	213	228	237	249	282
61	1,559	1,583	1,681	1,730	1,730	1,852	1,924	2,022	2,289
63	938	952	1,011	1,040	1,040	1,114	1,157	1,216	1,376
65	83	85	90	93	93	99	103	108	122
67	179	181	193	198	198	212	221	232	262

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Employed) RATES 0 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	9	9	9	9	10	10	11	11	11
3	27	27	28	28	29	29	32	33	33
5	20	20	20	21	21	21	24	24	25
7	21	21	21	22	22	23	25	26	26
9	26	26	27	27	28	28	31	32	32
11	27	27	28	28	29	29	32	33	33
13	27	27	28	28	29	29	32	33	33
15	27	27	28	28	29	29	32	33	33
17	27	27	28	28	29	29	32	33	33
19	35	35	36	36	37	38	42	43	43
21	31	31	32	32	33	33	37	38	38
23	31	31	32	32	33	33	37	38	38
25	35	35	36	36	37	38	42	43	43
27	38	38	39	40	40	41	46	46	47
29	45	45	46	47	48	48	54	55	55
31	48	48	49	50	51	52	58	59	59
33	48	48	49	50	51	52	58	59	59
35	50	50	51	52	53	54	60	61	61
37	50	51	52	53	54	55	61	62	63
39	52	53	54	55	56	57	63	65	65
41	428	432	441	450	459	464	518	527	531
43	55	56	57	58	60	60	67	68	69
45	60	61	62	64	65	65	73	74	75
47	57	58	59	60	62	62	69	71	71
49	67	68	69	71	72	73	81	83	84
51	69	70	71	73	74	75	84	85	86
53	132	133	136	139	141	143	159	162	163
55	178	180	184	188	191	193	216	219	221
57	245	247	252	257	263	265	296	301	304
59	285	288	294	300	306	309	345	351	354
61	2,315	2,338	2,387	2,436	2,485	2,509	2,801	2,850	2,873
63	1,392	1,406	1,436	1,465	1,495	1,509	1,684	1,714	1,728
65	124	125	128	130	133	134	150	152	154
67	265	268	274	279	285	288	321	327	329

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Employed) RATES 0 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	11	11	12	12	13	14	14	15
3	33	34	36	37	40	41	43	44
5	25	25	27	27	30	30	32	33
7	26	26	28	29	31	32	34	34
9	32	33	35	36	39	39	42	42
11	33	34	36	37	40	41	43	44
13	33	34	36	37	40	41	43	44
15	33	34	36	37	40	41	43	44
17	33	34	36	37	40	41	43	44
19	43	44	47	48	52	53	56	57
21	38	39	42	42	46	47	50	51
23	38	39	42	42	46	47	50	51
25	43	44	47	48	52	53	56	57
27	47	48	51	52	57	57	61	62
29	56	56	61	61	67	68	72	73
31	60	60	65	66	71	72	77	78
33	60	60	65	66	71	72	77	78
35	62	63	67	68	74	75	81	82
37	63	64	69	70	76	77	82	83
39	66	66	71	72	79	80	85	86
41	536	540	581	590	643	652	696	705
43	69	70	75	76	83	85	90	91
45	76	76	82	83	91	92	98	99
47	72	73	78	79	86	88	93	95
49	84	85	91	93	101	103	109	111
51	87	88	94	96	104	106	113	114
53	165	166	179	182	198	201	214	217
55	223	225	242	246	268	272	290	294
57	306	309	332	337	368	373	398	403
59	357	360	387	393	429	435	464	470
61	2,899	2,923	3,145	3,194	3,479	3,528	3,764	3,813
63	1,743	1,758	1,891	1,921	2,092	2,122	2,264	2,293
65	155	156	168	171	186	189	201	204
67	332	335	360	366	399	404	431	437

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	11	12	12	13	13	13	14	15	17
3	32	32	35	36	36	38	40	42	47
5	24	24	26	27	27	29	30	31	35
7	25	25	27	27	27	29	30	32	36
9	31	31	33	34	34	36	38	40	45
11	32	32	35	36	36	38	40	42	47
13	32	32	35	36	36	38	40	42	47
15	32	32	35	36	36	38	40	42	47
17	32	32	35	36	36	38	40	42	47
19	41	42	45	46	46	49	51	54	61
21	37	38	40	41	41	44	46	48	55
23	37	38	40	41	41	44	46	48	55
25	42	43	45	47	47	50	52	54	62
27	46	47	50	51	51	55	57	60	68
29	53	54	58	59	59	63	66	69	78
31	57	58	62	64	64	68	71	74	84
33	57	58	62	64	64	68	71	74	84
35	59	60	64	66	66	70	73	77	87
37	60	61	65	67	67	71	74	78	88
39	63	64	68	70	70	74	77	81	92
41	514	521	554	570	570	610	634	666	754
43	67	68	72	74	74	79	82	87	98
45	73	74	78	81	81	86	90	94	107
47	69	70	75	77	77	82	86	90	102
49	81	83	88	90	90	97	100	106	119
51	84	85	91	93	93	100	104	109	123
53	158	160	170	175	175	188	195	205	232
55	214	217	231	238	238	254	264	278	314
57	293	298	316	326	326	348	362	381	431
59	342	347	369	380	380	406	422	444	502
61	2,781	2,822	2,998	3,085	3,085	3,302	3,431	3,606	4,081
63	1,673	1,698	1,803	1,856	1,856	1,986	2,064	2,169	2,455
65	148	150	160	164	164	176	183	192	217
67	319	324	344	354	354	379	394	414	469

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	17	17	17	18	18	18	20	21	21
3	48	48	49	50	51	52	58	59	59
5	36	36	37	38	38	39	43	44	44
7	37	37	38	39	39	40	44	45	45
9	46	46	47	48	49	49	55	56	57
11	48	48	49	50	51	52	58	59	59
13	48	48	49	50	51	52	58	59	59
15	48	48	49	50	51	52	58	59	59
17	48	48	49	50	51	52	58	59	59
19	61	62	63	65	66	67	74	76	76
21	55	56	57	58	60	60	67	68	69
23	55	56	57	58	60	60	67	68	69
25	62	63	64	66	67	68	75	77	77
27	68	69	70	72	73	74	83	84	85
29	79	80	82	83	85	86	96	98	98
31	85	86	88	90	91	92	103	105	106
33	85	86	88	90	91	92	103	105	106
35	88	89	91	93	95	95	107	108	109
37	89	90	92	94	96	97	108	110	111
39	93	94	96	98	100	101	113	115	116
41	762	770	786	802	819	826	922	939	946
43	99	100	102	104	106	107	120	122	123
45	108	109	111	114	116	117	131	133	134
47	103	104	106	108	111	112	125	127	128
49	121	122	125	127	130	131	146	149	150
51	125	126	129	131	134	135	151	154	155
53	235	237	242	247	252	254	284	289	291
55	318	321	328	334	341	344	385	391	395
57	436	440	449	458	468	472	527	536	541
59	508	513	524	535	545	550	615	625	630
61	4,127	4,169	4,257	4,344	4,432	4,473	4,994	5,082	5,124
63	2,483	2,508	2,561	2,613	2,666	2,691	3,005	3,057	3,082
65	220	222	227	231	236	238	266	271	273
67	474	479	489	499	509	514	574	584	589

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	21	21	23	23	25	26	27	28
3	60	60	65	66	71	72	77	78
5	45	45	48	49	54	54	58	59
7	46	46	50	51	55	56	60	60
9	57	58	62	63	68	69	74	75
11	60	60	65	66	71	72	77	78
13	60	60	65	66	71	72	77	78
15	60	60	65	66	71	72	77	78
17	60	60	65	66	71	72	77	78
19	77	78	83	85	92	94	100	101
21	69	70	75	76	83	85	90	91
23	69	70	75	76	83	85	90	91
25	78	79	85	86	94	95	101	103
27	86	86	93	94	103	104	111	113
29	99	100	108	109	119	121	129	130
31	107	108	116	117	128	130	138	140
33	107	108	116	117	128	130	138	140
35	110	111	120	122	132	134	143	145
37	112	113	121	123	134	136	145	147
39	117	118	126	128	140	142	151	153
41	955	963	1,036	1,052	1,146	1,162	1,240	1,256
43	124	125	135	137	149	151	161	163
45	135	136	147	149	162	164	175	178
47	129	130	140	142	155	157	167	170
49	151	153	164	167	182	184	196	199
51	156	158	169	172	187	190	203	206
53	294	296	319	324	353	358	382	387
55	398	401	432	438	478	484	517	524
57	546	550	592	601	655	664	708	718
59	636	641	690	701	763	774	826	837
61	5,170	5,211	5,607	5,695	6,203	6,291	6,712	6,800
63	3,110	3,135	3,373	3,426	3,732	3,785	4,038	4,091
65	275	278	299	303	330	335	357	362
67	594	599	644	654	713	723	771	781

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	15	16	17	17	17	18	19	20	23
3	43	44	47	48	48	51	53	56	64
5	32	32	35	36	36	38	40	42	47
7	33	34	36	37	37	40	41	43	49
9	41	41	44	45	45	48	50	53	60
11	43	44	47	48	48	51	53	56	64
13	43	44	47	48	48	51	53	56	64
15	43	44	47	48	48	51	53	56	64
17	43	44	47	48	48	51	53	56	64
19	56	57	60	62	62	67	69	73	82
21	50	51	54	56	56	59	62	65	73
23	50	51	54	56	56	59	62	65	73
25	57	58	61	63	63	67	70	74	83
27	62	63	67	69	69	74	77	80	91
29	72	73	78	80	80	86	89	93	106
31	77	79	83	86	86	92	95	100	114
33	77	79	83	86	86	92	95	100	114
35	81	82	87	90	90	96	100	105	118
37	81	83	88	90	90	97	100	106	119
39	85	86	91	94	94	101	105	110	124
41	693	703	747	769	769	823	855	899	1,017
43	90	91	97	100	100	107	111	117	132
45	99	100	106	110	110	117	122	128	145
47	94	95	101	104	104	112	116	122	138
49	109	111	118	121	121	130	135	142	161
51	113	115	122	126	126	135	140	147	166
53	213	217	230	237	237	253	263	277	313
55	289	293	311	320	320	343	356	375	424
57	396	402	427	440	440	470	489	514	582
59	462	469	498	513	513	549	570	599	678
61	3,756	3,812	4,049	4,167	4,167	4,460	4,634	4,871	5,513
63	2,259	2,293	2,435	2,506	2,506	2,683	2,788	2,930	3,316
65	200	203	216	222	222	238	247	260	294
67	432	438	465	479	479	512	532	560	633

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	23	23	23	24	24	25	28	28	28
3	64	65	66	68	69	70	78	79	80
5	48	48	49	50	51	52	58	59	59
7	50	50	51	52	53	54	60	61	61
9	60	61	62	64	65	65	73	74	75
11	64	65	66	68	69	70	78	79	80
13	64	65	66	68	69	70	78	79	80
15	64	65	66	68	69	70	78	79	80
17	64	65	66	68	69	70	78	79	80
19	83	84	86	88	89	90	101	102	103
21	74	75	77	78	80	80	90	91	92
23	74	75	77	78	80	80	90	91	92
25	84	85	87	89	90	91	102	104	104
27	92	93	95	97	99	100	111	113	114
29	107	108	110	113	115	116	129	132	133
31	115	116	118	121	123	124	139	141	143
33	115	116	118	121	123	124	139	141	143
35	120	121	124	126	129	130	145	147	149
37	121	122	125	127	130	131	146	149	150
39	126	127	130	132	135	136	152	155	156
41	1,029	1,039	1,061	1,083	1,104	1,115	1,245	1,267	1,277
43	134	135	138	141	144	145	162	165	166
45	147	148	151	154	157	159	177	180	182
47	140	141	144	147	150	151	169	172	173
49	162	164	167	171	174	176	196	200	202
51	168	170	174	177	181	182	204	207	209
53	317	320	327	333	340	343	383	390	393
55	429	433	442	451	460	465	519	528	532
57	588	594	606	619	631	637	712	724	730
59	686	693	708	722	737	744	830	845	852
61	5,575	5,631	5,749	5,868	5,986	6,042	6,746	6,864	6,920
63	3,353	3,387	3,458	3,529	3,600	3,634	4,058	4,129	4,163
65	297	300	306	313	319	322	359	366	369
67	641	647	661	674	688	694	775	789	795

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	29	29	31	31	34	35	37	38
3	81	81	87	89	97	98	105	106
5	60	60	65	66	71	72	77	78
7	62	63	67	68	74	75	81	82
9	76	76	82	83	91	92	98	99
11	81	81	87	89	97	98	105	106
13	81	81	87	89	97	98	105	106
15	81	81	87	89	97	98	105	106
17	81	81	87	89	97	98	105	106
19	104	105	113	115	125	127	135	137
21	93	94	101	102	112	113	121	122
23	93	94	101	102	112	113	121	122
25	105	106	114	116	126	128	137	139
27	115	116	125	127	138	140	150	152
29	134	135	145	148	161	163	174	176
31	144	145	156	158	173	175	187	189
33	144	145	156	158	173	175	187	189
35	150	151	163	165	180	183	195	197
37	151	153	164	167	182	184	196	199
39	157	159	171	173	189	192	204	207
41	1,288	1,299	1,397	1,419	1,546	1,568	1,673	1,695
43	167	169	182	184	201	204	217	220
45	184	185	199	202	220	223	238	241
47	175	176	190	193	210	213	227	230
49	203	205	221	224	244	247	264	267
51	211	213	229	232	253	257	274	277
53	397	400	430	437	476	483	515	522
55	537	541	582	591	644	653	697	706
57	737	743	799	811	884	896	956	969
59	859	866	932	947	1,031	1,046	1,116	1,130
61	6,982	7,039	7,574	7,692	8,379	8,497	9,066	9,184
63	4,200	4,234	4,556	4,627	5,040	5,111	5,453	5,524
65	372	375	404	410	446	453	483	489
67	802	809	870	884	963	976	1,042	1,055

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	17	17	18	19	19	20	21	22	24
3	47	48	51	53	53	56	58	61	70
5	35	36	38	39	39	42	44	46	52
7	36	37	39	40	40	43	44	47	53
9	45	45	48	50	50	53	55	58	66
11	47	48	51	53	53	56	58	61	70
13	47	48	51	53	53	56	58	61	70
15	47	48	51	53	53	56	58	61	70
17	47	48	51	53	53	56	58	61	70
19	61	62	66	68	68	73	76	80	90
21	55	56	59	61	61	65	67	71	80
23	55	56	59	61	61	65	67	71	80
25	61	62	66	68	68	73	76	80	90
27	67	68	73	75	75	80	83	87	99
29	79	80	85	87	87	93	97	102	116
31	84	85	91	93	93	100	104	109	123
33	84	85	91	93	93	100	104	109	123
35	87	89	94	97	97	104	108	113	128
37	89	90	96	98	98	105	109	115	130
39	92	93	99	102	102	109	114	119	135
41	756	767	815	838	838	897	932	980	1,109
43	99	100	106	110	110	117	122	128	145
45	107	109	116	119	119	128	133	139	158
47	102	104	110	113	113	121	126	132	150
49	119	121	129	132	132	142	147	155	175
51	123	125	133	137	137	147	152	160	181
53	233	236	251	258	258	276	287	302	342
55	315	320	339	349	349	374	388	408	462
57	432	439	466	480	480	513	533	561	634
59	504	512	544	559	559	599	622	654	740
61	4,094	4,155	4,413	4,542	4,542	4,861	5,052	5,309	6,009
63	2,463	2,499	2,655	2,732	2,732	2,924	3,039	3,194	3,614
65	218	221	235	242	242	259	269	283	320
67	470	477	507	522	522	558	580	610	690

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	25	25	26	26	27	27	30	30	31
3	70	71	72	74	75	76	85	87	87
5	52	53	54	55	56	57	63	65	65
7	53	54	55	56	57	58	65	66	66
9	66	67	68	70	71	72	80	82	82
11	70	71	72	74	75	76	85	87	87
13	70	71	72	74	75	76	85	87	87
15	70	71	72	74	75	76	85	87	87
17	70	71	72	74	75	76	85	87	87
19	91	92	94	96	98	99	110	112	113
21	81	82	84	85	87	88	98	100	101
23	81	82	84	85	87	88	98	100	101
25	91	92	94	96	98	99	110	112	113
27	100	101	103	105	107	108	121	123	124
29	117	118	120	123	125	127	141	144	145
31	125	126	129	131	134	135	151	154	155
33	125	126	129	131	134	135	151	154	155
35	130	131	134	137	139	141	157	160	161
37	132	133	136	139	141	143	159	162	163
39	137	138	141	144	147	148	165	168	170
41	1,122	1,133	1,157	1,181	1,204	1,216	1,357	1,381	1,392
43	147	148	151	154	157	159	177	180	182
45	159	161	164	168	171	173	193	196	198
47	151	153	156	159	163	164	183	187	188
49	177	179	183	187	190	192	214	218	220
51	183	185	189	193	197	199	222	226	227
53	346	349	356	364	371	374	418	425	429
55	467	472	482	492	502	506	565	575	580
57	642	648	662	675	689	695	776	790	796
59	748	756	772	788	804	811	906	922	929
61	6,077	6,138	6,267	6,396	6,525	6,586	7,353	7,482	7,544
63	3,655	3,692	3,770	3,847	3,925	3,962	4,423	4,501	4,537
65	324	327	334	341	348	351	392	399	402
67	698	705	720	735	749	756	845	859	866

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	31	31	34	34	37	38	40	41
3	88	89	95	97	106	107	114	116
5	66	66	71	72	79	80	85	86
7	67	68	73	74	80	81	87	88
9	83	84	90	92	100	101	108	109
11	88	89	95	97	106	107	114	116
13	88	89	95	97	106	107	114	116
15	88	89	95	97	106	107	114	116
17	88	89	95	97	106	107	114	116
19	114	115	124	126	137	139	148	150
21	102	103	110	112	122	124	132	134
23	102	103	110	112	122	124	132	134
25	114	115	124	126	137	139	148	150
27	125	126	136	138	150	152	163	165
29	146	148	159	161	176	178	190	192
31	156	158	169	172	187	190	203	206
33	156	158	169	172	187	190	203	206
35	162	164	176	179	195	198	211	214
37	165	166	179	182	198	201	214	217
39	171	173	186	189	205	208	222	225
41	1,405	1,416	1,524	1,548	1,686	1,710	1,824	1,848
43	184	185	199	202	220	223	238	241
45	200	201	217	220	240	243	259	263
47	190	191	206	209	228	231	246	250
49	222	224	241	245	266	270	288	292
51	229	231	249	253	275	279	298	302
53	433	436	469	477	519	527	562	569
55	585	590	635	645	702	712	760	770
57	804	810	872	885	964	978	1,043	1,057
59	937	945	1,017	1,033	1,125	1,141	1,217	1,233
61	7,611	7,673	8,256	8,385	9,133	9,262	9,882	10,011
63	4,578	4,615	4,966	5,043	5,494	5,571	5,944	6,022
65	405	409	440	447	487	493	526	533
67	874	881	948	963	1,049	1,064	1,135	1,150

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
1	19	20	21	21	21	23	24	25	28
3	56	57	60	62	62	67	69	73	82
5	41	42	45	46	46	49	51	54	61
7	43	43	46	47	47	51	53	55	63
9	53	53	57	58	58	63	65	68	77
11	56	57	60	62	62	67	69	73	82
13	56	57	60	62	62	67	69	73	82
15	56	57	60	62	62	67	69	73	82
17	56	57	60	62	62	67	69	73	82
19	72	73	78	80	80	86	89	93	106
21	65	66	70	72	72	77	80	84	95
23	65	66	70	72	72	77	80	84	95
25	73	74	78	81	81	86	90	94	107
27	79	81	86	88	88	94	98	103	117
29	93	94	100	103	103	110	114	120	136
31	99	101	107	110	110	118	123	129	146
33	99	101	107	110	110	118	123	129	146
35	103	105	111	115	115	123	128	134	152
37	105	106	113	116	116	124	129	136	154
39	109	110	117	121	121	129	134	141	160
41	891	904	961	989	989	1,058	1,100	1,156	1,308
43	116	118	125	129	129	138	143	151	170
45	127	129	137	141	141	150	156	164	186
47	121	123	130	134	134	143	149	157	177
49	141	143	152	156	156	167	174	183	207
51	145	148	157	161	161	173	179	189	213
53	274	278	296	304	304	326	338	356	402
55	372	377	400	412	412	441	458	482	545
57	510	517	549	565	565	605	629	661	748
59	594	603	641	659	659	706	733	771	872
61	4,828	4,900	5,204	5,356	5,356	5,732	5,957	6,261	7,086
63	2,904	2,948	3,131	3,222	3,222	3,448	3,583	3,766	4,263
65	257	261	278	286	286	306	318	334	378
67	554	563	597	615	615	658	684	719	814

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
1	29	29	30	30	31	31	35	35	36
3	83	84	86	88	89	90	101	102	103
5	61	62	63	65	66	67	74	76	76
7	63	64	65	67	68	69	77	78	79
9	78	79	81	82	84	85	95	96	97
11	83	84	86	88	89	90	101	102	103
13	83	84	86	88	89	90	101	102	103
15	83	84	86	88	89	90	101	102	103
17	83	84	86	88	89	90	101	102	103
19	107	108	110	113	115	116	129	132	133
21	96	97	99	101	103	104	116	118	119
23	96	97	99	101	103	104	116	118	119
25	108	109	111	114	116	117	131	133	134
27	118	119	121	124	126	128	143	145	146
29	138	139	142	145	148	149	167	169	171
31	148	149	152	155	158	160	179	182	183
33	148	149	152	155	158	160	179	182	183
35	153	155	158	162	165	166	186	189	190
37	155	157	160	164	167	168	188	191	193
39	161	163	166	170	173	175	195	199	200
41	1,323	1,336	1,364	1,392	1,420	1,434	1,601	1,629	1,642
43	172	174	178	181	185	187	208	212	214
45	188	190	194	198	202	204	228	232	234
47	179	181	185	189	192	194	217	221	222
49	209	211	215	220	224	226	253	257	259
51	216	218	223	227	232	234	261	266	268
53	407	411	420	428	437	441	492	501	505
55	551	557	569	580	592	598	667	679	685
57	756	764	780	796	812	820	915	931	939
59	882	891	910	928	947	956	1,067	1,086	1,095
61	7,166	7,238	7,390	7,542	7,694	7,766	8,671	8,823	8,896
63	4,310	4,354	4,445	4,537	4,628	4,672	5,216	5,308	5,351
65	382	386	394	402	410	414	462	471	474
67	823	831	848	866	883	892	996	1,013	1,021

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
1	36	36	39	40	43	44	47	47
3	104	105	113	115	125	127	135	137
5	77	78	83	85	92	94	100	101
7	79	80	86	87	95	97	103	104
9	98	99	106	108	118	119	127	129
11	104	105	113	115	125	127	135	137
13	104	105	113	115	125	127	135	137
15	104	105	113	115	125	127	135	137
17	104	105	113	115	125	127	135	137
19	134	135	145	148	161	163	174	176
21	120	121	130	133	144	146	156	158
23	120	121	130	133	144	146	156	158
25	135	136	147	149	162	164	175	178
27	148	149	160	163	177	180	192	194
29	172	174	187	190	207	210	224	227
31	185	186	200	204	222	225	240	243
33	185	186	200	204	222	225	240	243
35	192	194	208	212	231	234	250	253
37	195	196	211	214	234	237	253	256
39	202	204	219	223	243	246	262	266
41	1,657	1,670	1,797	1,825	1,988	2,016	2,151	2,179
43	216	218	234	238	259	263	280	284
45	236	238	256	260	283	287	306	310
47	224	226	243	247	269	273	291	295
49	262	264	284	288	314	318	340	344
51	270	273	293	298	324	329	351	356
53	510	514	553	561	612	620	662	670
55	691	696	749	761	829	841	897	908
57	947	955	1,028	1,044	1,137	1,153	1,230	1,246
59	1,105	1,114	1,198	1,217	1,326	1,345	1,435	1,453
61	8,975	9,048	9,735	9,887	10,770	10,922	11,653	11,805
63	5,399	5,443	5,856	5,948	6,479	6,570	7,010	7,101
65	479	483	519	527	574	582	621	630
67	1,030	1,039	1,118	1,135	1,237	1,254	1,338	1,355

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Self Employed) RATES									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	128	130	138	142	142	152	158	166	188
6	77	79	83	86	86	92	95	100	114
8	167	169	180	185	185	198	206	216	245
10	150	152	162	167	167	178	185	195	220
12	57	58	61	63	63	67	70	74	83
14	153	156	165	170	170	182	189	199	225
16	99	100	106	110	110	117	122	128	145
18	627	636	676	696	696	744	774	813	920
20	73	74	78	81	81	86	90	94	107
22	128	130	138	142	142	152	158	166	188
24	220	223	237	244	244	261	272	285	323
26	200	203	216	222	222	238	247	260	294
28	200	203	216	222	222	238	247	260	294
30	249	253	269	277	277	296	308	324	366
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	267	271	288	296	296	317	329	346	392
36	293	298	316	326	326	348	362	381	431
38	153	155	165	169	169	181	188	198	224
40	133	135	144	148	148	158	165	173	196
42	1,001	1,016	1,079	1,110	1,110	1,188	1,235	1,298	1,469
44	167	169	180	185	185	198	206	216	245
46	219	223	237	243	243	261	271	285	322
48	122	124	132	135	135	145	151	158	179
50	688	699	742	764	764	817	849	893	1,010
52	696	707	751	773	773	827	859	903	1,022
54	608	617	656	675	675	722	751	789	893
56	463	470	499	514	514	550	571	600	679
58	515	523	555	571	571	611	635	668	756
60	734	745	791	814	814	871	905	952	1,077
62	4,878	4,951	5,258	5,412	5,412	5,792	6,019	6,326	7,159
64	2,934	2,978	3,163	3,255	3,255	3,484	3,620	3,805	4,307
66	260	264	280	289	289	309	321	337	382
68	560	569	604	622	622	665	691	727	822

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Self Employed) RATES									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	190	192	196	200	204	206	230	234	236
6	115	116	118	121	123	124	139	141	143
8	248	250	255	261	266	268	300	305	307
10	223	225	230	234	239	241	270	274	277
12	84	85	87	89	90	91	102	104	104
14	228	230	235	240	244	247	276	280	283
16	147	148	151	154	157	159	177	180	182
18	931	940	960	979	999	1,009	1,126	1,146	1,155
20	108	109	111	114	116	117	131	133	134
22	190	192	196	200	204	206	230	234	236
24	327	330	337	344	351	354	395	402	406
26	297	300	306	313	319	322	359	366	369
28	297	300	306	313	319	322	359	366	369
30	370	374	382	390	398	401	448	456	460
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	396	400	408	417	425	429	479	488	492
36	436	440	449	458	468	472	527	536	541
38	227	229	234	239	243	246	274	279	281
40	198	200	204	208	213	215	240	244	246
42	1,485	1,500	1,532	1,563	1,595	1,610	1,797	1,829	1,844
44	248	250	255	261	266	268	300	305	307
46	326	329	336	343	350	353	394	401	404
48	181	183	187	191	195	196	219	223	225
50	1,022	1,032	1,054	1,075	1,097	1,107	1,236	1,258	1,268
52	1,034	1,044	1,066	1,088	1,110	1,120	1,251	1,273	1,283
54	903	912	931	950	969	979	1,093	1,112	1,121
56	687	694	709	723	738	745	831	846	853
58	764	772	788	804	821	828	925	941	949
60	1,089	1,100	1,123	1,146	1,169	1,180	1,318	1,341	1,352
62	7,240	7,313	7,467	7,620	7,774	7,847	8,761	8,915	8,988
64	4,355	4,399	4,491	4,584	4,676	4,720	5,270	5,362	5,406
66	386	390	398	406	415	418	467	475	479
68	832	840	858	875	893	901	1,006	1,024	1,032

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE (Self Employed) RATES								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	238	240	258	262	286	290	309	313
6	144	145	156	158	173	175	187	189
8	310	313	336	342	372	377	403	408
10	279	281	303	307	335	340	362	367
12	105	106	114	116	126	128	137	139
14	285	288	309	314	342	347	370	375
16	184	185	199	202	220	223	238	241
18	1,166	1,175	1,264	1,284	1,399	1,418	1,513	1,533
20	135	136	147	149	162	164	175	178
22	238	240	258	262	286	290	309	313
24	409	413	444	451	491	498	531	538
26	372	375	404	410	446	453	483	489
28	372	375	404	410	446	453	483	489
30	464	468	503	511	557	564	602	610
32	NA	NA	NA	NA	NA	NA	NA	NA
34	496	500	538	546	595	604	644	652
36	546	550	592	601	655	664	708	718
38	284	286	308	313	341	346	369	373
40	248	250	269	273	298	302	322	326
42	1,860	1,875	2,018	2,049	2,232	2,264	2,415	2,447
44	310	313	336	342	372	377	403	408
46	408	411	443	449	490	496	530	537
48	227	229	246	250	272	276	295	298
50	1,280	1,290	1,388	1,410	1,536	1,557	1,662	1,683
52	1,295	1,305	1,404	1,426	1,553	1,575	1,681	1,703
54	1,131	1,140	1,227	1,246	1,357	1,376	1,468	1,487
56	861	868	933	948	1,033	1,047	1,117	1,132
58	957	965	1,038	1,055	1,149	1,165	1,243	1,259
60	1,364	1,375	1,480	1,503	1,637	1,660	1,771	1,794
62	9,068	9,141	9,836	9,990	10,882	11,035	11,774	11,928
64	5,455	5,499	5,917	6,009	6,546	6,638	7,082	7,175
66	484	488	525	533	580	589	628	636
68	1,042	1,050	1,130	1,147	1,250	1,268	1,352	1,370

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Self Employed) RATES									
0 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	41	41	44	45	45	48	50	53	60
6	25	25	27	27	27	29	30	32	36
8	53	54	58	59	59	63	66	69	78
10	48	49	52	53	53	57	59	62	70
12	18	18	19	20	20	21	22	23	26
14	49	50	53	55	55	59	61	64	72
16	31	32	34	35	35	37	39	41	46
18	200	203	216	222	222	238	247	260	294
20	23	24	25	26	26	28	29	30	34
22	41	41	44	45	45	48	50	53	60
24	71	72	76	78	78	84	87	92	104
26	64	65	69	71	71	76	79	83	94
28	64	65	69	71	71	76	79	83	94
30	80	81	86	89	89	95	99	104	117
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	85	87	92	95	95	101	105	111	125
36	94	95	101	104	104	112	116	122	138
38	49	49	52	54	54	58	60	63	71
40	43	43	46	47	47	51	53	55	63
42	320	325	345	355	355	380	395	415	470
44	53	54	58	59	59	63	66	69	78
46	70	71	75	78	78	83	86	91	103
48	39	39	42	43	43	46	48	50	57
50	220	223	237	244	244	261	272	285	323
52	223	226	240	247	247	265	275	289	327
54	195	198	210	216	216	231	240	253	286
56	148	150	160	164	164	176	183	192	217
58	165	167	178	183	183	196	203	214	242
60	235	238	253	260	260	279	290	304	345
62	1,559	1,583	1,681	1,730	1,730	1,852	1,924	2,022	2,289
64	938	952	1,011	1,040	1,040	1,114	1,157	1,216	1,376
66	83	85	90	93	93	99	103	108	122
68	179	181	193	198	198	212	221	232	262

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Self Employed) RATES 0 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	60	61	62	64	65	65	73	74	75
6	37	37	38	39	39	40	44	45	45
8	79	80	82	83	85	86	96	98	98
10	71	72	74	75	77	77	86	88	88
12	27	27	28	28	29	29	32	33	33
14	73	74	76	77	79	79	89	90	91
16	47	47	48	49	50	50	56	57	58
18	297	300	306	313	319	322	359	366	369
20	35	35	36	36	37	38	42	43	43
22	60	61	62	64	65	65	73	74	75
24	105	106	108	110	113	114	127	129	130
26	95	96	98	100	102	103	115	117	118
28	95	96	98	100	102	103	115	117	118
30	119	120	123	125	128	129	144	146	147
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	127	128	131	133	136	137	153	156	157
36	140	141	144	147	150	151	169	172	173
38	72	73	75	76	78	78	87	89	90
40	63	64	65	67	68	69	77	78	79
42	475	480	490	500	510	515	575	585	590
44	79	80	82	83	85	86	96	98	98
46	104	105	107	109	112	113	126	128	129
48	57	58	59	60	62	62	69	71	71
50	327	330	337	344	351	354	395	402	406
52	331	334	341	348	355	358	400	407	410
54	289	292	298	304	310	313	350	356	359
56	220	222	227	231	236	238	266	271	273
58	245	247	252	257	263	265	296	301	304
60	348	352	359	367	374	378	422	429	433
62	2,315	2,338	2,387	2,436	2,485	2,509	2,801	2,850	2,873
64	1,392	1,406	1,436	1,465	1,495	1,509	1,684	1,714	1,728
66	124	125	128	130	133	134	150	152	154
68	265	268	274	279	285	288	321	327	329

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE (Self Employed) RATES								
0 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	76	76	82	83	91	92	98	99
6	46	46	50	51	55	56	60	60
8	99	100	108	109	119	121	129	130
10	89	90	97	98	107	109	116	117
12	33	34	36	37	40	41	43	44
14	92	93	100	101	110	112	119	121
16	58	59	63	64	70	71	76	77
18	372	375	404	410	446	453	483	489
20	43	44	47	48	52	53	56	57
22	76	76	82	83	91	92	98	99
24	131	133	143	145	158	160	171	173
26	119	120	129	131	143	145	155	157
28	119	120	129	131	143	145	155	157
30	149	150	161	164	179	181	193	196
32	NA	NA	NA	NA	NA	NA	NA	NA
34	159	160	172	175	190	193	206	209
36	175	176	190	193	210	213	227	230
38	91	91	98	100	109	110	118	119
40	79	80	86	87	95	97	103	104
42	595	600	646	656	714	724	773	783
44	99	100	108	109	119	121	129	130
46	130	131	141	143	156	158	169	171
48	72	73	78	79	86	88	93	95
50	409	413	444	451	491	498	531	538
52	414	418	449	456	497	504	538	545
54	362	365	393	399	434	441	470	476
56	275	278	299	303	330	335	357	362
58	306	309	332	337	368	373	398	403
60	436	440	473	481	524	531	567	574
62	2,899	2,923	3,145	3,194	3,479	3,528	3,764	3,813
64	1,743	1,758	1,891	1,921	2,092	2,122	2,264	2,293
66	155	156	168	171	186	189	201	204
68	332	335	360	366	399	404	431	437

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	73	74	78	81	81	86	90	94	107
6	44	45	47	49	49	52	54	57	65
8	95	96	102	105	105	112	117	123	139
10	85	87	92	95	95	101	105	111	125
12	32	32	35	36	36	38	40	42	47
14	87	89	94	97	97	104	108	113	128
16	56	57	60	62	62	67	69	73	82
18	358	363	385	397	397	425	441	464	525
20	41	42	45	46	46	49	51	54	61
22	73	74	78	81	81	86	90	94	107
24	125	127	135	139	139	149	155	163	184
26	114	116	123	127	127	135	141	148	167
28	114	116	123	127	127	135	141	148	167
30	142	144	153	158	158	169	175	184	209
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	152	154	164	169	169	181	188	197	223
36	167	170	180	186	186	199	207	217	246
38	87	89	94	97	97	104	108	113	128
40	76	77	82	84	84	90	94	99	112
42	570	579	615	633	633	677	704	740	837
44	95	96	102	105	105	112	117	123	139
46	125	127	135	139	139	149	155	163	184
48	69	70	75	77	77	82	86	90	102
50	393	399	423	436	436	466	485	509	577
52	397	403	428	440	440	471	490	515	583
54	347	352	374	385	385	412	428	450	509
56	264	268	285	293	293	314	326	343	388
58	293	298	316	326	326	348	362	381	431
60	418	424	451	464	464	497	516	542	614
62	2,781	2,822	2,998	3,085	3,085	3,302	3,431	3,606	4,081
64	1,673	1,698	1,803	1,856	1,856	1,986	2,064	2,169	2,455
66	148	150	160	164	164	176	183	192	217
68	319	324	344	354	354	379	394	414	469

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	108	109	111	114	116	117	131	133	134
6	65	66	67	69	70	71	79	80	81
8	141	142	145	148	151	152	170	173	175
10	127	128	131	133	136	137	153	156	157
12	48	48	49	50	51	52	58	59	59
14	130	131	134	137	139	141	157	160	161
16	83	84	86	88	89	90	101	102	103
18	531	536	547	559	570	575	642	653	659
20	61	62	63	65	66	67	74	76	76
22	108	109	111	114	116	117	131	133	134
24	186	188	192	196	200	202	225	229	231
26	169	171	175	178	182	183	205	208	210
28	169	171	175	178	182	183	205	208	210
30	211	213	217	222	226	229	255	260	262
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	226	228	233	238	242	245	273	278	280
36	248	251	256	262	267	269	301	306	308
38	130	131	134	137	139	141	157	160	161
40	113	114	116	119	121	122	137	139	140
42	846	855	873	891	909	917	1,024	1,042	1,051
44	141	142	145	148	151	152	170	173	175
46	186	188	192	196	200	202	225	229	231
48	103	104	106	108	111	112	125	127	128
50	583	589	601	614	626	632	706	718	724
52	589	595	607	620	632	638	713	725	731
54	515	520	531	542	553	558	623	634	639
56	392	396	404	413	421	425	474	483	487
58	436	440	449	458	468	472	527	536	541
60	621	627	640	653	667	673	751	764	771
62	4,127	4,169	4,257	4,344	4,432	4,473	4,994	5,082	5,124
64	2,483	2,508	2,561	2,613	2,666	2,691	3,005	3,057	3,082
66	220	222	227	231	236	238	266	271	273
68	474	479	489	499	509	514	574	584	589

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	135	136	147	149	162	164	175	178
6	82	83	89	90	98	100	106	108
8	176	178	191	194	211	214	229	232
10	159	160	172	175	190	193	206	209
12	60	60	65	66	71	72	77	78
14	162	164	176	179	195	198	211	214
16	104	105	113	115	125	127	135	137
18	665	670	721	732	798	809	863	874
20	77	78	83	85	92	94	100	101
22	135	136	147	149	162	164	175	178
24	233	235	253	257	280	284	303	307
26	212	214	230	234	254	258	275	279
28	212	214	230	234	254	258	275	279
30	264	266	286	291	317	321	343	347
32	NA	NA	NA	NA	NA	NA	NA	NA
34	283	285	307	311	339	344	367	372
36	311	314	338	343	373	379	404	409
38	162	164	176	179	195	198	211	214
40	141	143	153	156	170	172	184	186
42	1,060	1,069	1,150	1,168	1,272	1,290	1,377	1,395
44	176	178	191	194	211	214	229	232
46	233	235	253	257	280	284	303	307
48	129	130	140	142	155	157	167	170
50	730	736	792	805	876	889	948	961
52	738	744	800	813	885	898	958	970
54	645	650	699	710	774	785	837	848
56	491	495	533	541	589	598	638	646
58	546	550	592	601	655	664	708	718
60	777	784	843	856	933	946	1,009	1,023
62	5,170	5,211	5,607	5,695	6,203	6,291	6,712	6,800
64	3,110	3,135	3,373	3,426	3,732	3,785	4,038	4,091
66	275	278	299	303	330	335	357	362
68	594	599	644	654	713	723	771	781

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	99	100	106	110	110	117	122	128	145
6	59	60	64	66	66	70	73	77	87
8	128	130	138	142	142	152	158	166	188
10	115	117	124	128	128	137	142	150	169
12	43	44	47	48	48	51	53	56	64
14	118	120	127	131	131	140	146	153	173
16	76	77	82	84	84	90	94	99	112
18	483	490	521	536	536	573	596	626	709
20	56	57	60	62	62	67	69	73	82
22	99	100	106	110	110	117	122	128	145
24	169	172	183	188	188	201	209	220	249
26	154	156	166	171	171	183	190	200	226
28	154	156	166	171	171	183	190	200	226
30	192	195	207	213	213	228	237	249	282
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	205	209	221	228	228	244	253	266	302
36	226	230	244	251	251	268	279	293	332
38	118	120	127	131	131	140	146	153	173
40	103	104	111	114	114	122	127	133	151
42	770	782	830	855	855	915	951	999	1,131
44	128	130	138	142	142	152	158	166	188
46	169	172	183	188	188	201	209	220	249
48	94	95	101	104	104	112	116	122	138
50	530	538	572	588	588	630	654	688	778
52	536	544	578	595	595	637	662	695	787
54	469	476	505	520	520	557	579	608	688
56	356	362	384	395	395	423	439	462	523
58	396	402	427	440	440	470	489	514	582
60	565	573	609	627	627	671	697	733	829
62	3,756	3,812	4,049	4,167	4,167	4,460	4,634	4,871	5,513
64	2,259	2,293	2,435	2,506	2,506	2,683	2,788	2,930	3,316
66	200	203	216	222	222	238	247	260	294
68	432	438	465	479	479	512	532	560	633

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	147	148	151	154	157	159	177	180	182
6	88	89	91	93	95	95	107	108	109
8	190	192	196	200	204	206	230	234	236
10	171	173	177	180	184	186	207	211	213
12	64	65	66	68	69	70	78	79	80
14	175	177	181	184	188	190	212	216	218
16	113	114	116	119	121	122	137	139	140
18	717	724	739	754	770	777	867	883	890
20	83	84	86	88	89	90	101	102	103
22	147	148	151	154	157	159	177	180	182
24	251	254	259	265	270	273	304	310	312
26	229	231	236	241	246	248	277	282	284
28	229	231	236	241	246	248	277	282	284
30	285	288	294	300	306	309	345	351	354
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	305	308	314	321	327	330	369	375	379
36	336	339	346	353	360	364	406	413	417
38	175	177	181	184	188	190	212	216	218
40	152	154	157	160	164	165	184	188	189
42	1,143	1,155	1,179	1,204	1,228	1,239	1,384	1,408	1,419
44	190	192	196	200	204	206	230	234	236
46	251	254	259	265	270	273	304	310	312
48	140	141	144	147	150	151	169	172	173
50	787	795	812	828	845	853	952	969	977
52	796	804	821	838	855	863	963	980	988
54	696	703	718	733	747	754	842	857	864
56	529	534	545	556	568	573	640	651	656
58	588	594	606	619	631	637	712	724	730
60	839	847	865	883	900	909	1,015	1,032	1,041
62	5,575	5,631	5,749	5,868	5,986	6,042	6,746	6,864	6,920
64	3,353	3,387	3,458	3,529	3,600	3,634	4,058	4,129	4,163
66	297	300	306	313	319	322	359	366	369
68	641	647	661	674	688	694	775	789	795

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	184	185	199	202	220	223	238	241
6	110	111	120	122	132	134	143	145
8	238	240	258	262	286	290	309	313
10	215	216	233	236	257	261	279	282
12	81	81	87	89	97	98	105	106
14	219	221	238	242	263	267	285	289
16	141	143	153	156	170	172	184	186
18	898	905	974	989	1,077	1,093	1,166	1,181
20	104	105	113	115	125	127	135	137
22	184	185	199	202	220	223	238	241
24	315	318	342	347	378	383	409	414
26	286	289	311	316	344	349	372	377
28	286	289	311	316	344	349	372	377
30	357	360	387	393	429	435	464	470
32	NA	NA	NA	NA	NA	NA	NA	NA
34	382	385	414	421	458	465	496	502
36	420	424	456	463	504	512	546	553
38	219	221	238	242	263	267	285	289
40	191	193	207	210	229	232	248	251
42	1,432	1,444	1,553	1,578	1,719	1,743	1,860	1,884
44	238	240	258	262	286	290	309	313
46	315	318	342	347	378	383	409	414
48	175	176	190	193	210	213	227	230
50	986	994	1,069	1,086	1,183	1,200	1,280	1,297
52	997	1,005	1,081	1,098	1,196	1,213	1,294	1,311
54	872	879	946	960	1,046	1,061	1,132	1,147
56	662	668	718	729	795	806	860	871
58	737	743	799	811	884	896	956	969
60	1,050	1,059	1,139	1,157	1,260	1,278	1,364	1,381
62	6,982	7,039	7,574	7,692	8,379	8,497	9,066	9,184
64	4,200	4,234	4,556	4,627	5,040	5,111	5,453	5,524
66	372	375	404	410	446	453	483	489
68	802	809	870	884	963	976	1,042	1,055

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	107	109	116	119	119	128	133	139	158
6	65	66	70	73	73	78	81	85	96
8	139	141	150	155	155	166	172	181	205
10	126	128	136	140	140	150	156	163	185
12	47	48	51	53	53	56	58	61	70
14	129	131	139	143	143	153	159	167	189
16	83	84	89	92	92	98	102	107	121
18	526	534	567	584	584	625	649	682	772
20	61	62	66	68	68	73	76	80	90
22	107	109	116	119	119	128	133	139	158
24	185	188	199	205	205	219	228	240	271
26	168	171	181	186	186	200	207	218	247
28	168	171	181	186	186	200	207	218	247
30	209	213	226	232	232	249	258	272	307
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	224	227	242	249	249	266	277	291	329
36	247	250	266	274	274	293	305	320	362
38	128	130	138	142	142	152	158	166	188
40	112	114	121	124	124	133	138	145	164
42	840	852	905	932	932	997	1,036	1,089	1,233
44	139	141	150	155	155	166	172	181	205
46	184	187	198	204	204	219	227	239	270
48	102	104	110	113	113	121	126	132	150
50	578	587	623	642	642	687	714	750	849
52	584	593	630	648	648	694	721	758	858
54	511	519	551	567	567	607	630	663	750
56	389	395	419	431	431	462	480	504	571
58	432	439	466	480	480	513	533	561	634
60	616	625	664	683	683	731	760	798	904
62	4,094	4,155	4,413	4,542	4,542	4,861	5,052	5,309	6,009
64	2,463	2,499	2,655	2,732	2,732	2,924	3,039	3,194	3,614
66	218	221	235	242	242	259	269	283	320
68	470	477	507	522	522	558	580	610	690

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	159	161	164	168	171	173	193	196	198
6	97	98	100	102	104	105	117	119	120
8	207	209	213	218	222	224	250	255	257
10	187	189	193	197	201	203	226	230	232
12	70	71	72	74	75	76	85	87	87
14	191	193	197	201	205	207	231	235	237
16	123	124	127	129	132	133	149	151	152
18	781	789	806	822	839	847	945	962	970
20	91	92	94	96	98	99	110	112	113
22	159	161	164	168	171	173	193	196	198
24	274	277	283	289	294	297	332	338	340
26	249	252	257	263	268	270	302	307	310
28	249	252	257	263	268	270	302	307	310
30	311	314	321	327	334	337	376	383	386
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	333	336	343	350	357	361	403	410	413
36	366	370	378	386	393	397	443	451	455
38	190	192	196	200	204	206	230	234	236
40	166	168	172	175	179	180	201	205	206
42	1,246	1,259	1,285	1,312	1,338	1,351	1,508	1,535	1,547
44	207	209	213	218	222	224	250	255	257
46	273	276	282	288	293	296	331	336	339
48	151	153	156	159	163	164	183	187	188
50	858	867	885	903	922	930	1,039	1,057	1,066
52	867	876	894	913	931	940	1,049	1,068	1,077
54	758	766	782	798	814	822	918	934	941
56	577	583	595	607	620	626	698	711	717
58	642	648	662	675	689	695	776	790	796
60	914	923	942	962	981	990	1,106	1,125	1,134
62	6,077	6,138	6,267	6,396	6,525	6,586	7,353	7,482	7,544
64	3,655	3,692	3,770	3,847	3,925	3,962	4,423	4,501	4,537
66	324	327	334	341	348	351	392	399	402
68	698	705	720	735	749	756	845	859	866

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	200	201	217	220	240	243	259	263
6	122	123	132	134	146	148	158	160
8	259	261	281	285	311	315	336	341
10	234	236	254	258	281	285	304	308
12	88	89	95	97	106	107	114	116
14	239	241	260	264	287	291	311	315
16	154	155	167	169	185	187	200	202
18	978	986	1,061	1,078	1,174	1,191	1,270	1,287
20	114	115	124	126	137	139	148	150
22	200	201	217	220	240	243	259	263
24	343	346	373	378	412	418	446	452
26	312	315	339	344	375	380	406	411
28	312	315	339	344	375	380	406	411
30	389	393	422	429	467	474	506	512
32	NA	NA	NA	NA	NA	NA	NA	NA
34	417	420	452	459	500	507	541	548
36	459	463	498	505	551	558	596	603
38	238	240	258	262	286	290	309	313
40	208	210	226	229	250	254	270	274
42	1,561	1,574	1,693	1,720	1,873	1,900	2,027	2,053
44	259	261	281	285	311	315	336	341
46	342	345	371	377	411	416	444	450
48	190	191	206	209	228	231	246	250
50	1,075	1,084	1,166	1,184	1,290	1,308	1,396	1,414
52	1,086	1,095	1,178	1,197	1,303	1,322	1,410	1,429
54	950	958	1,030	1,046	1,140	1,156	1,233	1,249
56	723	729	784	796	868	880	939	951
58	804	810	872	885	964	978	1,043	1,057
60	1,145	1,154	1,241	1,261	1,373	1,393	1,486	1,505
62	7,611	7,673	8,256	8,385	9,133	9,262	9,882	10,011
64	4,578	4,615	4,966	5,043	5,494	5,571	5,944	6,022
66	405	409	440	447	487	493	526	533
68	874	881	948	963	1,049	1,064	1,135	1,150

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE									
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500	1000/1000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	127	129	137	141	141	150	156	164	186
6	77	78	83	85	85	91	95	99	113
8	165	167	178	183	183	196	203	214	242
10	149	151	160	165	165	177	184	193	218
12	56	57	60	62	62	67	69	73	82
14	152	154	164	169	169	181	188	197	223
16	97	99	105	108	108	116	120	126	143
18	620	630	669	688	688	737	765	804	910
20	72	73	78	80	80	86	89	93	106
22	127	129	137	141	141	150	156	164	186
24	218	221	235	242	242	259	269	283	320
26	198	201	214	220	220	235	244	257	291
28	198	201	214	220	220	235	244	257	291
30	247	250	266	274	274	293	305	320	362
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	264	268	285	293	293	314	326	343	388
36	291	295	313	323	323	345	359	377	427
38	151	154	163	168	168	180	187	196	222
40	132	134	142	147	147	157	163	171	194
42	990	1,005	1,068	1,099	1,099	1,176	1,222	1,285	1,454
44	165	167	178	183	183	196	203	214	242
46	217	221	234	241	241	258	268	282	319
48	121	123	130	134	134	143	149	157	177
50	682	692	735	756	756	809	841	884	1,001
52	689	699	743	764	764	818	850	894	1,011
54	602	611	649	668	668	715	743	781	884
56	458	465	494	508	508	544	565	594	673
58	510	517	549	565	565	605	629	661	748
60	726	737	783	806	806	862	896	942	1,066
62	4,828	4,900	5,204	5,356	5,356	5,732	5,957	6,261	7,086
64	2,904	2,948	3,131	3,222	3,222	3,448	3,583	3,766	4,263
66	257	261	278	286	286	306	318	334	378
68	554	563	597	615	615	658	684	719	814

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE									
Class	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000	2000/5000	2000/6000
2	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	188	190	194	198	202	204	228	232	234
6	114	115	117	120	122	123	138	140	141
8	245	247	252	257	263	265	296	301	304
10	221	223	228	232	237	239	267	272	274
12	83	84	86	88	89	90	101	102	103
14	226	228	233	238	242	245	273	278	280
16	145	146	149	152	155	157	175	178	179
18	921	930	950	969	989	998	1,114	1,134	1,143
20	107	108	110	113	115	116	129	132	133
22	188	190	194	198	202	204	228	232	234
24	324	327	334	341	348	351	392	399	402
26	294	297	303	309	316	319	356	362	365
28	294	297	303	309	316	319	356	362	365
30	366	370	378	386	393	397	443	451	455
32	NA	NA	NA	NA	NA	NA	NA	NA	NA
34	392	396	404	413	421	425	474	483	487
36	432	436	445	454	463	468	522	531	536
38	225	227	232	237	241	244	272	277	279
40	196	198	202	206	210	212	237	241	243
42	1,470	1,485	1,516	1,547	1,579	1,593	1,779	1,810	1,825
44	245	247	252	257	263	265	296	301	304
46	323	326	333	340	347	350	391	397	401
48	179	181	185	189	192	194	217	221	222
50	1,012	1,022	1,043	1,065	1,086	1,097	1,224	1,246	1,256
52	1,023	1,033	1,055	1,076	1,098	1,108	1,238	1,259	1,270
54	894	903	922	941	960	969	1,082	1,101	1,110
56	680	687	701	716	730	737	823	837	844
58	756	764	780	796	812	820	915	931	939
60	1,078	1,089	1,112	1,135	1,158	1,168	1,305	1,327	1,338
62	7,166	7,238	7,390	7,542	7,694	7,766	8,671	8,823	8,896
64	4,310	4,354	4,445	4,537	4,628	4,672	5,216	5,308	5,351
66	382	386	394	402	410	414	462	471	474
68	823	831	848	866	883	892	996	1,013	1,021

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE								
Class	2000/7000	2000/8000	3000/3000	3000/5000	4000/4000	4000/6000	5000/5000	5000/7000
2	NA	NA	NA	NA	NA	NA	NA	NA
4	236	238	256	260	283	287	306	310
6	143	144	155	157	171	174	185	188
8	306	309	332	337	368	373	398	403
10	277	279	300	305	332	337	359	364
12	104	105	113	115	125	127	135	137
14	283	285	307	311	339	344	367	372
16	181	183	196	199	217	220	235	238
18	1,153	1,163	1,251	1,270	1,384	1,403	1,497	1,517
20	134	135	145	148	161	163	174	176
22	236	238	256	260	283	287	306	310
24	405	409	440	447	487	493	526	533
26	368	371	399	406	442	448	478	484
28	368	371	399	406	442	448	478	484
30	459	463	498	505	551	558	596	603
32	NA	NA	NA	NA	NA	NA	NA	NA
34	491	495	533	541	589	598	638	646
36	541	545	586	596	649	658	702	711
38	281	284	305	310	338	343	365	370
40	246	248	266	270	295	299	319	323
42	1,841	1,856	1,997	2,029	2,210	2,241	2,391	2,422
44	306	309	332	337	368	373	398	403
46	404	408	438	445	485	492	525	532
48	224	226	243	247	269	273	291	295
50	1,267	1,278	1,375	1,396	1,521	1,542	1,645	1,667
52	1,281	1,291	1,389	1,411	1,537	1,559	1,663	1,685
54	1,120	1,129	1,215	1,233	1,344	1,363	1,454	1,473
56	852	859	924	938	1,022	1,037	1,106	1,120
58	947	955	1,028	1,044	1,137	1,153	1,230	1,246
60	1,350	1,361	1,465	1,488	1,620	1,643	1,753	1,776
62	8,975	9,048	9,735	9,887	10,770	10,922	11,653	11,805
64	5,399	5,443	5,856	5,948	6,479	6,570	7,010	7,101
66	479	483	519	527	574	582	621	630
68	1,030	1,039	1,118	1,135	1,237	1,254	1,338	1,355

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

1. **Additional Insured Rating Rule**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

2. **Claim Free Credit**
(Occurrence & Standard Claims Made Programs)

Years Claim Free at Renewal	Credit
3 but less than 4	10%
4 or more	15%

3. **Minimum Premium Rule**
(Occurrence & Standard Claims Made Programs)

Minimum Premium
\$300 per policy

4. **Renewal Rating Rule**
(Occurrence & Standard Claims Made Programs)

NOT AVAILABLE

5. **Schedule Rating Plan**
(Occurrence & Standard Claims Made Programs)

The Company shall utilize a schedule of modifications to determine appropriate premiums for certain insureds, or groups of insureds, who in the opinion of the Company, uniquely qualify for such modifications because of factors not contemplated in the filed rate structure of the Company.

The premium for a risk may be modified in accordance with one or more of the specific considerations, with a maximum modification indicated below. These modifications may be applied to recognize risk characteristics that are not reflected in the otherwise applicable premium. All modifications applied under this Schedule Rating Plan are subject to periodic review. The applicable criteria and support for each premium modification shall be included in the Insured's underwriting file.

Consideration(s)	Per Characteristic Max	Description
1. Historical Loss Experience	+ / - 20%	The frequency or severity of claims for the insured(s) is greater/less than the expected experience for an insured(s) of the same classification/size or recognition of unusual circumstances of claims in the loss experience.
2. Cumulative Years of Patient Experience	+ / - 5%	The insured(s) demonstrates a greater/less than stable, longstanding practice and/or significant degree of experience in their current area of medicine.
3. Classification Anomalies	+ / - 15%	Characteristics of a particular insured that differentiate the insured to be a risk greater/less than other members of the same class, or recognition of recent developments within a classification or jurisdiction that are anticipated to impact future loss experience.
4. Claim Anomalies	+ / - 10%	Economic, societal or jurisdictional changes or trends that will positively or negatively influence the frequency or severity of claims, or the unusual circumstances of a claim(s) which understate/overstate the severity of the claim(s).
5. Management Control Procedures	+ / - 5%	Specific operational activities (or lack of) undertaken by the insured to reduce the frequency and/or severity of claims.
6. Number / Type of Patient Exposures	+ / - 5%	Size and/or demographics of the patient population which negatively or positively influences the frequency and/or severity of claims.
7. Organizational Size / Structure	+ / - 5%	The group's size, processes and/or roster of insureds are such that the company will incur greater or lesser costs in association with its service to, or coverage of, the group.
8. Healthcare Standards, Quality & Claim Review	+ / - 5%	Presence (or lack of) (1) Committees that meet on a routine basis to review healthcare procedures, treatments, and protocols and then assist in the integration of such into the practice, (2) Committees that meet to assure the quality of the health care services being rendered and/or (3) Committees to provide consistent review of claims/incidents that have occurred and to develop corrective action.
9. Other Risk Management Practices and Procedures	+ / - 5%	Additional activities (or lack of) undertaken with the specific intention of reducing the frequency or severity of claims.
10. Training, Accreditation & Credentialing	+ / - 5%	The insured(s) exhibits greater/less than normal participation and support of such activities.
11. Record- Keeping Practices	+ / - 5%	Degree to which insured incorporates methods to maintain quality patient records, referrals, and test results.
12. Utilization of Monitoring Equipment, Diagnostic Tests or Procedures	+ / - 10%	Demonstrating the willingness (or lack thereof) to expend the time and capital to incorporate the latest advances in medical treatments and equipment into the practice, providing above or below average procedures as defined in underwriting guidelines for a specialty, or failure to meet accepted standards of care.
Maximum Modification: +/- 25%		

The aforementioned modifications contemplate the standard allowance for expenses and are subject to the maximum modification referenced above. If the expenses are less than standard, an additional modification may be made to reflect this reduction.

6. **Shared Limit Entity Vicarious Liability Coverage**
(Occurrence & Standard Claims Made Programs)

AVAILABLE

7. **Size of School Credit**
(Occurrence & Standard Claims Made Programs)

Number of Students	Credit
500 – 1,000	5%
1,000 – 2,499	10%
2,500 or more	15%

CLASSIFICATIONS

Applicable to the Occurrence and Standard Claims Made Programs.

The following classification plan shall be used to determine the appropriate rating class for each insured.

Class S1

Certified Registered Nurse Anesthetist-Student.

Class S2

Physician Assistants-Student.

Class S3

Nurse Practitioners-Student.

Class S4

Chiropractors-Student.

Class S5

Optometrists-Student.

Class S6

Podiatrist-Student.

Class S7

Acupuncturist Student.

Class S8

Students – Not Otherwise Classified.

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS

Territory Definitions

Area1	Entire State
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Optional Extended Reporting Period Rating Factors

YEARS RETROACTIVE DATE PRECEDED EXPIRATION DATE	FACTOR
0	0.920
1	1.430
2	1.700
3 or more	1.870

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	82	83	88	91	91	97	101	106
S2	43	44	47	48	48	51	53	56
S3	79	80	85	87	87	93	97	102
S4	45	45	48	50	50	53	55	58
S5	7	7	8	8	8	9	9	10
S6	75	76	81	83	83	89	92	97
S7	45	45	48	50	50	53	55	58
S8	9	9	9	10	10	10	11	11

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	120	122	123	126	128	131	132	147
S2	64	64	65	66	68	69	70	78
S3	116	117	118	120	123	125	127	141
S4	66	66	67	68	70	71	72	80
S5	11	11	11	11	11	12	12	13
S6	110	111	112	114	117	119	120	134
S7	66	66	67	68	70	71	72	80
S8	13	13	13	13	14	14	14	16

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS OCCURRENCE RATES				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	150	151	153	154
S2	79	80	81	81
S3	144	145	146	148
S4	82	82	83	84
S5	13	14	14	14
S6	137	138	139	140
S7	82	82	83	84
S8	16	16	16	16

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	26	26	28	29	29	31	32	34
S2	14	14	15	16	16	17	17	18
S3	25	26	27	28	28	30	31	33
S4	15	15	16	16	16	17	18	19
S5	3	3	3	3	3	3	3	3
S6	24	24	26	27	27	29	30	31
S7	15	15	16	16	16	17	18	19
S8	3	3	3	3	3	3	3	3

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	38	39	39	40	41	41	42	47
S2	21	21	21	21	22	22	23	25
S3	37	38	38	39	40	40	41	46
S4	22	22	22	22	23	23	24	26
S5	4	4	4	4	4	4	4	5
S6	35	36	36	37	38	38	39	43
S7	22	22	22	22	23	23	24	26
S8	4	4	4	4	4	4	4	5

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS STANDARD CLAIMS MADE RATES 0 YRS SINCE RETROACTIVE DATE				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	48	48	48	49
S2	26	26	26	26
S3	46	47	47	48
S4	27	27	27	28
S5	5	5	5	5
S6	44	44	45	45
S7	27	27	27	28
S8	5	5	5	5

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	47	47	50	52	52	55	58	61
S2	25	25	27	27	27	29	30	32
S3	45	45	48	50	50	53	55	58
S4	26	26	28	29	29	31	32	34
S5	4	4	4	4	4	5	5	5
S6	43	43	46	47	47	51	53	55
S7	26	26	28	29	29	31	32	34
S8	5	5	5	5	5	6	6	6

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	69	69	70	71	73	74	75	84
S2	36	37	37	38	39	39	40	44
S3	66	66	67	68	70	71	72	80
S4	38	39	39	40	41	41	42	47
S5	6	6	6	6	6	6	6	7
S6	63	63	64	65	67	68	69	77
S7	38	39	39	40	41	41	42	47
S8	7	7	7	7	7	7	8	8

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 1 YR SINCE RETROACTIVE DATE				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	85	86	87	88
S2	45	45	46	46
S3	82	82	83	84
S4	48	48	48	49
S5	7	7	7	8
S6	78	79	79	80
S7	48	48	48	49
S8	9	9	9	9

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	63	64	68	70	70	75	78	82
S2	33	34	36	37	37	40	41	43
S3	61	62	65	67	67	72	75	79
S4	35	35	37	38	38	41	43	45
S5	6	6	6	7	7	7	7	8
S6	57	58	62	64	64	68	71	74
S7	35	35	37	38	38	41	43	45
S8	7	7	7	7	7	8	8	9

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	93	94	95	97	99	101	102	114
S2	49	50	50	51	52	53	54	60
S3	89	90	91	93	95	97	98	109
S4	51	51	52	53	54	55	56	62
S5	9	9	9	9	9	10	10	11
S6	84	85	86	88	90	91	92	103
S7	51	51	52	53	54	55	56	62
S8	10	10	10	10	10	11	11	12

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 2 YRS SINCE RETROACTIVE DATE				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	116	117	118	119
S2	61	61	62	63
S3	111	112	113	114
S4	63	64	64	65
S5	11	11	11	11
S6	105	106	107	108
S7	63	64	64	65
S8	12	12	12	13

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	69	70	74	76	76	82	85	89
S2	36	37	39	40	40	43	44	47
S3	66	67	71	73	73	78	81	86
S4	38	39	41	42	42	45	47	49
S5	6	6	6	7	7	7	7	8
S6	63	64	68	70	70	74	77	81
S7	38	39	41	42	42	45	47	49
S8	7	7	8	8	8	9	9	10

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	101	102	103	105	107	109	111	123
S2	53	53	54	55	56	57	58	65
S3	97	98	99	101	103	105	106	119
S4	56	56	57	58	59	61	61	68
S5	9	9	9	9	9	10	10	11
S6	92	93	94	96	98	100	101	113
S7	56	56	57	58	59	61	61	68
S8	11	11	11	11	11	12	12	13

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS 3 YRS SINCE RETROACTIVE DATE				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	126	127	128	129
S2	66	66	67	68
S3	121	122	123	124
S4	69	70	71	71
S5	11	11	11	11
S6	115	116	117	118
S7	69	70	71	71
S8	13	14	14	14

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE								
Class	100/300	100/500	200/600	200/1000	250/750	500/500	500/1000	500/2500
S1	81	83	88	90	90	97	100	106
S2	43	43	46	47	47	51	53	55
S3	78	79	84	87	87	93	96	101
S4	45	45	48	50	50	53	55	58
S5	7	7	8	8	8	9	9	10
S6	74	75	80	82	82	88	91	96
S7	45	45	48	50	50	53	55	58
S8	9	9	9	10	10	10	11	11

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE								
Class	1000/1000	1000/2000	1000/3000	1000/5000	1000/6000	1000/7000	1000/8000	2000/4000
S1	119	121	122	125	127	130	131	146
S2	63	63	64	65	67	68	69	77
S3	115	116	117	119	122	124	126	140
S4	66	66	67	68	70	71	72	80
S5	11	11	11	11	11	12	12	13
S6	109	110	111	113	116	118	119	133
S7	66	66	67	68	70	71	72	80
S8	13	13	13	13	14	14	14	16

MULTI-SPECIALTY HEALTHCARE PROFESSIONALS MATURE				
Class	2000/5000	2000/6000	2000/7000	2000/8000
S1	149	150	151	153
S2	78	79	79	80
S3	143	144	145	146
S4	82	82	83	84
S5	13	14	14	14
S6	135	136	138	139
S7	82	82	83	84
S8	16	16	16	16